



**Canadian Association of Schools of Nursing
Association canadienne des écoles
de sciences infirmières**

**ANNUAL REPORT 2005
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Annual report by Dr. Ellen Rukholm, CASN President

This has been an exciting year at CASN, with me as your new President as well as Pat Griffin as your new Executive Director. We are eager to share with you what we have been doing, and where we think our organization will be headed over the next few years.

To begin, we have developed a Strategic Plan for 2005-2008. This plan encompasses work by the Board's Standing Committee on Strategic Planning, builds on an environmental scan completed in 2004, and reflects considerable work completed on your behalf by your current Board and National Office staff.

In order for any plan to be strategic, it must be relevant to the context in which it will unfold. Therefore, the following contextual influences were considered in the development of our Strategic Plan.

- CASN is a national organization. However, both health and education are the constitutional responsibility of the provinces and territories in Canada. This has implications for the types of collaborative relationships with which CASN must politically concern itself.
- Current challenges within the broad Canadian health care environment include:
 - restructuring, downsizing, reduced lengths of stay, and the shift to community without the requisite resources in place,
 - emerging diseases (e.g. SARS),
 - the rising incidence of chronic illness,
 - the re-emergence of communicable diseases (e.g. TB),
 - an aging population,
 - an increase in women's roles (e.g. caregivers),
 - an emphasis on evidence-based decision making in policy and practice (e.g. clinical practice guidelines; knowledge translation, transfer and exchange),
 - an emphasis on patient safety,

Rapport annuel de D^{re} Ellen Rukholm, Présidente de l'ACÉSI

L'année qui s'achève aura été une année passionnante, tant pour moi, votre nouvelle présidente, que pour Pat Griffin, votre nouvelle directrice générale. Nous souhaitons vous faire part de nos réalisations et vous indiquer quelles sont les orientations à la réalisation desquelles notre organisme devrait, à notre avis, s'attacher au cours des prochaines années.

Nous avons d'abord établi notre plan stratégique pour 2005-2008. Ce plan comprend les travaux qu'entreprendra le Comité de planification stratégique du Conseil, repose sur une évaluation environnementale effectuée en 2004 et reflète l'énorme travail abattu par les membres actuels du Conseil d'administration et le personnel du Secrétariat national.

Tout plan stratégique doit tenir compte du contexte dans lequel il sera mis en oeuvre. Par conséquent, les influences contextuelles suivantes ont été prises en considération lors de l'élaboration de notre plan stratégique.

- L'ACÉSI est un organisme national. Or, tant l'éducation que la santé sont des domaines relevant de la compétence des provinces et des territoires au Canada, ce qui ne peut qu'influer sur le type de relations de collaboration dont l'ACÉSI doit se préoccuper sur le plan politique.
- Divers défis doivent être relevés dans le domaine général de la santé au Canada, notamment :
 - restructuration, réduction des effectifs, diminution des temps d'attente et transfert des responsabilités aux collectivités sans l'allocation des ressources nécessaires;
 - émergence de nouvelles maladies (telles que le SRAS);
 - augmentation de l'incidence des maladies chroniques;
 - réapparition de maladies infectieuses (comme la tuberculose);
 - vieillissement de la population;
 - accroissement du rôle des femmes (les aidantes naturelles, p. ex.);
 - prise de décisions fondées de plus en plus sur la preuve dans le domaine de

- an increased emphasis on accountability (e.g. report cards, Health Council), and
 - concerns about the sustainability of the system.
- l'élaboration des politiques et dans la pratique (p. ex., lignes directrices sur la pratique clinique; interprétation, transfert et partage du savoir);
 - insistance sur la sécurité des patients ;
 - importance accrue attachée à la reddition de comptes (p.ex., bulletins de santé, Conseil de la santé); et
 - préoccupations liées à la viabilité du système de santé.
- The current national plan for health system renewal was initially articulated in the First Minister's Agreement of September 2000. Subsequently, the Health Care Renewal Accords of 2003 and 2004 built upon the original agreement and were designed to achieve three primary goals: (1) timely access to health services on the basis of need; (2) high quality, effective, patient-centered and safe health services; and (3) a sustainable and affordable health care system. These goals are reinforced in Health Canada's 10-year plan as articulated in 2004.
 - Le plan national actuel visant le renouvellement du système de santé a d'abord été présenté dans l'accord que les premiers ministres ont conclu en septembre 2000. Par la suite, les accords de 2003 et de 2004 sur le renouvellement des soins de santé ont étoffé l'accord initial et visé trois principaux objectifs : (1) donner l'accès opportun aux services de santé en fonction des besoins des patients; (2) offrir des services sûrs, efficaces et de qualité axés sur les besoins des patients; et (3) maintenir un système de santé viable et abordable. Ces objectifs ont été renforcés dans le plan décennal qu'a proposé Santé Canada en 2004.
- The Health Accord of 2003 also allocated \$85 Million to a Health Human Resource Plan comprised of three initiatives: health care planning, inter-professional education and recruitment and retention.
 - Dans le cadre de l'Accord de 2003 sur le renouvellement des soins de santé, 85 millions de dollars ont aussi été affectés à la mise en œuvre d'un plan de ressources humaines comportant trois initiatives : la planification des soins de santé, la formation interprofessionnelle et le recrutement de personnel et son maintien en poste.
- The first Health Accord goal, timely access, is significantly influenced by the supply of nurses who constitute the largest segment of the health care workforce. However, like many other developed countries, Canada is facing a current and looming shortage. It is suggested that our current shortage ranges between 16,000 and 20,000 ⁽¹⁾, and that this will rise to 78,000 by 2011 and to 113,000 by 2016 ⁽²⁾. In addition, Linda O'Brien-Pallas, the CHSRF/CIHR Nursing Research Chair in Nursing Human Resources has also projected losses due to the retirement of an aging nursing workforce ⁽³⁾.
 - L'atteinte du premier objectif (l'accès opportun aux services) de l'Accord sur le renouvellement des soins de santé est grandement tributaire du nombre d'infirmières et d'infirmiers, lesquels constituent le segment le plus important de la main-d'œuvre dans le domaine de la santé. Or, comme de nombreux autres pays industrialisés, le Canada fait actuellement face à une pénurie d'infirmières et d'infirmiers qui persistera dans l'avenir. On estime que le Canada compte actuellement de 16 000 à 20 000 infirmières et infirmiers de moins que ce dont il a besoin ⁽¹⁾, que ce chiffre atteindra 78 000 d'ici 2011 et 113 000 d'ici 2016 ⁽²⁾. En outre, Linda O'Brien-Pallas, chaire nationale de recherche de la FCRSS/l'IRSC dans le secteur des ressources humaines en soins infirmiers, prévoit aussi

une perte d'effectifs infirmiers en raison du grand nombre d'infirmières et d'infirmiers qui prendront bientôt leur retraite. ⁽³⁾

- There are three root causes of our nursing shortage, as identified in the CNAC report, 2002 ⁽⁴⁾:
 - 1.0 An aging workforce that is not sufficiently renewing itself, and a limited education capacity, in which the number of qualified applicants, in regions except Ontario, exceeds the available number of seats;
 - 2.0 human resource management practices that make it impossible to maximize the productivity of nurses through high absenteeism rates which are 83% higher than the overall full-time employed labor force ⁽⁵⁾; demanding workloads; casualization of the nursing workforce; scope of practice issues such as an increase in non-nursing tasks; and professional practice environments which are characterized by the loss of nursing leadership positions, the loss of financial support for continuing education, a lack of respect, and verbal and physical abuse from patients, families and co-workers, and
 - 3.0 insufficient funds to hire the number of nurses needed
 - Complicating this is the fact that the American Nurses Association has predicted that by 2020, the United States will face a shortage of 800,000 nurses. (Canada currently has approximately 240,000 Registered Nurses.) Since we know the Americans are skilled recruiters and are fond of Canadian-educated nurses, this is a serious concern.
- La pénurie de personnel infirmier est attribuable à trois principales causes, comme le précisait le rapport de 2002 du CCCSI ⁽⁴⁾ :
 - 1.0 un bassin qui ne se renouvelle pas à un rythme suffisant en raison du vieillissement de la main-d'œuvre et d'une capacité de formation limitée, le nombre de candidats qualifiés dépassant le nombre de places disponibles dans toutes les régions sauf l'Ontario;
 - 2.0 certaines méthodes de gestion des ressources humaines qui empêchent les infirmières et infirmiers d'atteindre un niveau de productivité optimal, le taux d'absentéisme étant de 83 p. 100 supérieur à celui de l'ensemble de la main-d'œuvre employée à temps plein ⁽⁵⁾; une charge de travail astreignante; la multiplication du travail occasionnel; un élargissement du champ d'exercice de la profession, lequel englobe de plus en plus de tâches non infirmières et, enfin, un milieu professionnel caractérisé par la perte de postes de leadership en sciences infirmières, l'érosion du soutien financier consenti à la formation permanente, une absence de respect et les agressions verbales et physiques de patients, de familles et de collègues;
 - 3.0 un manque de moyens financiers permettant de recruter le nombre voulu d'infirmières et d'infirmiers.
 - La situation se complique du fait que l'American Nurses Association prévoit que d'ici 2020, les États-Unis seront confrontés à une pénurie de 800 000 infirmières et infirmiers. (Le Canada compte actuellement environ 240 000 infirmières et infirmiers autorisés). La situation est d'autant plus préoccupante compte tenu du grand savoir faire des agences de recrutement américaines et de la grande estime dans laquelle on tient aux États-Unis les infirmières et les infirmiers formés au Canada.

- Arising from the FMM 2004, the provinces and territories are required to make known their plans to increase the number of health professionals within their jurisdictions by December 31, 2005.
- Thus, there is a perceived need to increase the annual number of nursing graduates. However, there are current barriers in the system which prevent a simple increase in the number of nursing seats without the infusion of considerable additional resources. These barriers primarily include:
 - the limited supply of nursing faculty
 - reduced clinical placement opportunities, and
 - the lack of physical classroom space and deteriorating infrastructure.
- The Nursing Sector Study (*Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*) released its Phase I Final Report in May ⁽⁶⁾. Of their 10 recommendations, the second has particular importance to CASN – “Develop a Pan-Canadian approach to nursing education in collaboration with the provincial, territorial and federal governments to prepare the number of qualified graduates needed to meet the workforce needs”. It should be noted that this recommended approach must include Registered Psychiatric Nurses and Licensed Practical Nurses. Phase II of the Sector Study will consist of provincial/territorial consultations that will form the basis of the development of strategies and action plans. It is important that nurse educators participate in these consultations.
- There is a perception among some nursing organizations that attrition from nursing programs is too high. One of the suggested recommendations of the Sector Study is to achieve an 80% student retention rate. However, data on attrition is inconclusive, with rates varying from 3% to 44%, and even these rates are based on studies that have low
- Dans le cadre du RPM de 2004, les provinces et les territoires sont tenus de rendre publics d’ici au 31 décembre 2005 les plans qu’ils auront conçus en vue d’accroître le nombre de leurs professionnels de la santé.
- Les provinces et les territoires estiment donc devoir augmenter le nombre annuel de leurs diplômés en sciences infirmières. Des obstacles empêchent toutefois d’accroître tout simplement le nombre de places dans les écoles de sciences infirmières à moins que des ressources supplémentaires considérables ne soient injectées dans le système. Les obstacles auxquels nous songeons sont essentiellement les suivants :
 - corps professoral limité des écoles de sciences infirmières;
 - possibilités réduites de stages cliniques; et
 - manque de salles de classe et détérioration de l’infrastructure.
- L’étude du secteur des soins infirmiers (*Construire l’avenir : Stratégie intégrée à l’intention des ressources humaines infirmières au Canada*) a publié en mai dernier son rapport final de la phase I ⁽⁶⁾. La deuxième des dix recommandations formulées dans le rapport revêt une importance particulière : « adopter une formule pancanadienne à l’égard de la formation infirmière en collaboration avec les gouvernements provinciaux, territoriaux et fédéral afin de former un nombre suffisant de diplômées qualifiées pour répondre aux besoins de main-d’œuvre ». Nous signalons que l’approche recommandée doit aussi viser les infirmières et les infirmiers psychiatriques et les infirmières et les infirmiers auxiliaires autorisés. La phase II de l’étude sectorielle prendra la forme de consultations provinciales et territoriales en vue de l’élaboration de stratégies et de plans d’action. Il importe que les éducateurs et les éducatrices du domaine de la santé participent à ces consultations.
- Certaines organisations infirmières semblent croire que le taux d’abandon enregistré pour les programmes de formation infirmière est trop élevé. L’étude du secteur des soins infirmiers recommande notamment de prendre les moyens voulus pour que 80 p. 100 des étudiantes et des étudiants en sciences infirmières obtiennent leur diplôme.

response rates, as well as differing definitions. Not only do we not have a clear picture of what attrition rates are, we also do not know whether rates are increasing or decreasing, nor how they compare to attrition in other programs.

- There appears to be great interest at the federal level, particularly Human Resources and Skills Development Canada (HRSDC), regarding internationally educated nurses and other professionals. While this is commendable and should be supported, it must not be seen as a replacement for educating nurses in this country.

Les données sur les pertes d'effectifs ne sont cependant pas concluantes, les taux d'abandon indiqués allant de 3 à 44 p. 100. Ces taux proviennent aussi d'enquêtes pour lesquelles le taux de participation était faible et qui reflètent une absence de consensus sur la façon de définir les divers aspects du problème. Non seulement nous sommes incapables d'établir les taux d'abandon réels, nous ne savons même pas si ces taux augmentent ou diminuent, ni comment ils se comparent aux taux d'abandon d'autres programmes d'études.

- Au niveau fédéral, particulièrement à Ressources humaines et Développement des compétences Canada (RHDC), on semble beaucoup s'intéresser à la situation des infirmières et infirmiers ainsi que des autres professionnels de la santé formés à l'étranger. Nous nous en félicitons et nous appuyons cette initiative, mais cette source d'infirmières et d'infirmiers ne saurait remplacer les infirmières et les infirmiers formés au Canada.

In order to address these contextual factors, and to position CASN as an important stakeholder within the nursing and health care communities, our Strategic Plan has six major directions, as follows:

1. To increase CASN's profile and clarify CASN's role in the nursing, healthcare, education, research and policy communities.
2. To facilitate the achievement of an appropriate number of skilled and knowledgeable nursing graduates in each Canadian jurisdiction, in a cost-effective manner.
3. To enable the development of nursing scholarship in nurse educators and others in the areas of education and clinical practice. To build nursing research capacity to provide the evidence base for all domains of nursing – education, administration, practice, and nursing and health policy.
4. To collaborate with other relevant nursing stakeholders in developing recruitment materials and strategies to encourage targeted populations to seek undergraduate and graduate nursing as a career choice.
5. To advocate for tuition and living support for undergraduate and graduate nursing students and new graduates in collaboration with other health disciplines.

Afin de tenir compte de ces questions conjoncturelles et d'affirmer la position de l'ACESI comme important intervenant du milieu des sciences infirmières et des soins de santé, notre plan stratégique compte les six principales orientations suivantes :

1. faire mieux connaître l'ACESI et préciser son rôle au sein des milieux des sciences infirmières, des soins de santé, de l'éducation, de la recherche et de l'élaboration des politiques;
2. faciliter dans chaque province et territoire la formation à un coût abordable d'un nombre approprié de diplômés en sciences infirmières possédant les connaissances et les compétences voulues;
3. permettre la création dans les domaines de la formation et de la pratique clinique de bourses d'études destinées notamment aux éducatrices et aux éducateurs en sciences infirmières. Stimuler la capacité de recherche en sciences infirmières pour développer des connaissances fondées sur la preuve dans tous les domaines des sciences infirmières : la formation, l'administration, la pratique et l'élaboration de politiques en soins infirmiers et en santé;
4. collaborer avec d'autres intervenants clés du domaine des sciences infirmières à l'élaboration de matériel et de stratégies de recrutement ciblant des populations

6. To support work to facilitate the entry and integration of internationally educated nurses to the Canadian workforce.

particulières pour que les étudiantes et les étudiants de premier cycle et des cycles supérieurs considèrent les sciences infirmières comme une carrière intéressante;

5. promouvoir, en collaboration avec d'autres disciplines de la santé, un soutien au titre des droits de scolarité et des frais de subsistance pour les étudiantes et étudiants de premier cycle et des cycles supérieurs;
6. Appuyer les efforts déployés pour faciliter l'entrée et l'intégration au sein de la main-d'œuvre canadienne des infirmières et des infirmiers formés à l'étranger.

This Plan was approved at the September meeting of the Board, and is now in operation. **(Appendix A)**

Ce plan, approuvé à la réunion de septembre du Conseil, est maintenant en place **(Annexe A)**.

To ensure that our infrastructure is capable of moving forward with our Strategic Plan, we have also conducted a thorough review of our Standing Committees and Task Forces. This has included review and revision of the Terms of Reference for each committee and task force and the development of criteria for selection for new members. Three new Task Forces have been created – Public Health, Palliative/End-of-Life Care, and Patient Safety. In addition, the Graduate Studies Forum will become a sub-committee of the Standing Committee on Education to facilitate direct communication links to the Board, while the Task Force on Databases will be changed from a Task Force to a Standing Committee, subject to approval of the CASN Council in November.

Pour veiller à ce que notre infrastructure nous permette de concrétiser notre plan stratégique, nous avons entrepris un examen approfondi de nos comités permanents et de nos groupes de travail, dans le cadre duquel nous avons revu et modifié le mandat de chacun d'eux et avons établi des critères en fonction desquels leurs membres seront désormais choisis. Nous en avons profité pour créer trois autres groupes de travail – santé publique, soins palliatifs et en fin de vie et sécurité des patients. En outre, le Forum sur les études supérieures deviendra un sous-comité du Comité permanent de l'éducation et aura pour rôle de faciliter les communications directes avec le Conseil tandis que le Groupe de travail sur les bases de données, qui jusqu'ici était un groupe de travail, deviendra un Comité permanent, sous réserve de l'approbation de cette décision par le Conseil de l'ACESI à sa réunion de novembre.

The Task Force on Doctoral Education was disbanded following the completion of their mandate, which included the development of a Position Statement on Doctoral Education. The Task Force on Clinical/Practice Education is nearing the end of their mandate, having produced a Position Statement on Clinical/Practice Education and a Strategic Plan that is awaiting approval. The Task Force on Accreditation was disbanded following completion of their work on revising the Accreditation Program. A Pilot Test Advisory Group was established to assist in the pilot testing of the revised Accreditation standards. We congratulate these Task Force members who have worked diligently on behalf of CASN and who have produced such stellar results.

Le Groupe de travail sur la préparation au doctorat a été démantelé après s'être acquitté de son mandat qui prévoyait notamment l'élaboration d'un énoncé de position sur la préparation au doctorat. Le Groupe de travail sur la formation clinique et les stages pratiques achève son mandat, ayant rédigé un énoncé de position sur la formation clinique et les stages pratiques ainsi qu'un plan stratégique qu'il ne reste plus qu'à adopter. Le Groupe de travail sur l'agrément a été démantelé après avoir révisé le Programme d'agrément. Un groupe consultatif sur la mise à l'essai de normes d'agrément a été constitué pour évaluer l'application des nouvelles normes. Nous félicitons les membres de ces groupes de travail des efforts qu'ils ont diligemment déployés au nom de l'ACESI et du succès éclatant qui les a couronnés.

Over the last year CASN has been active, as a founding member, of the Canadian Consortium for Nursing Research and Innovation. The other founding members are the Academy of Canadian Executive Nurses (ACEN), the Canadian Association of Nursing Research (CANR), the Canadian Nurses Association (CNA), the Canadian Nurses Foundation and the Office of Nursing Policy (ex-officio). In addition, the CHSRF/CIHR Nursing Chairs are represented by Nancy Edwards and Janice Lander. A Memorandum of Understanding was officially signed at the Nursing Leadership Conference in February. Marianne Lamb has agreed to be a Visiting Nurse Scholar, and Pat Griffin is the Chair of the provisional board. Efforts are now underway to secure funding for this exciting initiative.

CASN was represented at the International Council of Nurses in Taipei, Taiwan in May – both through presentations by National Office Staff as well as a CASN booth that was shared with CNA. An interesting outcome of the conference was an invitation to meet with representatives from the Council of Deans and Midwifery of Australia, New Zealand, England and Scotland. A follow-up meeting is planned for December in London that Pat Griffin and I will be attending. This meeting is to discuss the feasibility of developing more formal collaborative relationships on an international basis.

Finally, I was invited to present at the Nursing Health Human Resource symposium, organized by Linda O'Brien-Pallas in her capacity as the CHSRF/CIHR Nursing Chair in Nursing Human Resources in September. My presentation was on *Educational Seats for Nursing Students: What is the need and what needs to be done?*

To reiterate, this has been a most exciting year. I am confident that the coming year will be equally as challenging and productive. Together what we can accomplish for nursing education, scholarship and research is limited only by our collective vision and wisdom, our determination, and our desire – in other

Au cours de la dernière année, l'ACESI, à titre de membre fondateur du Consortium canadien de la recherche et de l'innovation en sciences infirmières, a participé activement aux activités du Consortium. Les autres membres fondateurs du Consortium sont l'Academy of Canadian Executive Nurses (ACEN), l'Association canadienne de recherche infirmière (ACRI), l'Association des infirmières et infirmiers du Canada (AIIC), la Fondation des infirmières et infirmiers du Canada et le Bureau de la politique des soins infirmiers (membre d'office). En outre, les chaires nationales de la FCRSS/l'IRSC sont représentées par Nancy Edwards et Janice Lander. Un protocole d'entente a été officiellement signé en février à l'occasion de la Conférence sur le leadership en sciences infirmières. Marianne Lamb a accepté le poste de chercheuse invitée en sciences infirmières et Pat Griffin, celui de présidente du Conseil provisoire. L'Association s'efforce actuellement d'obtenir des fonds pour mettre en œuvre cette initiative prometteuse.

L'ACESI comptait des représentants à la réunion du Conseil international des infirmières tenue à Taipei, à Taiwan, en mai dernier. Des membres du Secrétariat national ont fait des exposés et notre association et l'AIIC ont installé un kiosque d'information sur place. La conférence a débouché sur l'invitation faite à l'ACESI de rencontrer des représentants du Council of Deans and Midwifery de l'Australie, de la Nouvelle-Zélande, de l'Angleterre et de l'Écosse. Une réunion de suivi est prévue en décembre à Londres, à laquelle Pat Griffin et moi-même participerons. Cette réunion vise à discuter de la possibilité d'élaborer des relations de collaboration officielles à l'échelle internationale.

Enfin, j'ai été invitée à prendre la parole lors du colloque sur les ressources humaines en sciences infirmières et en santé qui a été organisé en septembre par Linda O'Brien-Pallas en sa qualité de titulaire de la chaire nationale de la FCRSS/l'IRSC en ressources humaines en milieu infirmier. Mon exposé s'intitulait : *Educational Seats for Nursing Students: What is the need and what needs to be done?* (Places dans les établissements d'enseignement pour les étudiantes et les étudiants en sciences infirmières : quels sont les besoins et comment y répondre?)

Je répète que l'année a été fort excitante. Je suis convaincue que l'année qui vient sera tout aussi stimulante et productive. Ce que nous pouvons accomplir ensemble au profit de la formation, de l'avancement des connaissances et de la recherche en sciences infirmières est à la hauteur de notre

words, by our heads, our hands and our hearts.

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Ellen Rukholm
President

vision et de notre sagesse collectives, de notre détermination et de nos souhaits. Autrement dit, rien n'est vraiment trop exigeant pour nos esprits, nos mains et nos cœurs.

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Présidente de l'ACÉSI,



Ellen Rukholm

Annual report by Dr. Pat Griffin, CASN Executive Director

I am very pleased to be able to present my first report as Executive Director to you. I share our President's excitement over what we have accomplished to date and what we plan to address in the future.

Our first Strategic Direction - increasing CASN's profile and clarifying CASN's role in the nursing, healthcare, education and policy communities - has been a primary focus for National Office this past year. There have been a variety of opportunities in which CASN was able to begin to implement this Strategic Direction. A few examples follow.

Canadian Nurses Association (CNA)

Ellen Rukholm, CASN's President, and I have met with Deborah Tamlyn (President) and Lucille Auffrey (Executive Director) of CNA on a number of occasions, and, in addition, Lucille and I meet on a regular basis. We are exploring how our organizations can work more collaboratively on issues of mutual interest, and how we can plan jointly for the future. We acknowledge that both organizations will have interests in many of the same issues, although with a slightly different focus. Suggestions for collaboration that we are now investigating include coordinating our board meetings so there may be an opportunity for the boards to meet together, and sharing strategic directions, briefing notes, environmental scans, press releases, and commissioned reports.

- CNA's Canadian Nurse Practitioner Initiative (CNPI)

With respect to the CNA's Canadian Nurse Practitioner Initiative (CNPI), (i) CASN's Task Force on Primary Health Care/Nurse Practitioners has been working with CNPI's education component; (ii) CASN was invited in April to a Roundtable convened by the practice and evaluation component to discuss a nurse practitioner implementation

Rapport annuel de D^{re} Pat Griffin, directrice générale de l'ACESI

Je suis très heureuse de vous présenter mon premier rapport à titre de directrice générale. Je partage l'enthousiasme de notre présidente à l'égard de nos réalisations à ce jour et de nos projets.

Au cours de la dernière année, notre Secrétariat national a surtout consacré son attention à la réalisation de notre première orientation stratégique - faire mieux connaître l'ACESI et préciser son rôle au sein des milieux des sciences infirmières, des soins de santé, de l'éducation, de la recherche et de l'élaboration des politiques. L'ACESI a eu diverses occasions de commencer à concrétiser cette orientation stratégique, dont les suivantes :

Association des infirmières et infirmiers du Canada (AIIC)

Ellen Rukholm, présidente de l'ACESI, et moi-même avons rencontré à plusieurs reprises Deborah Tamlyn (présidente) et Lucille Auffrey (directrice générale) de l'AIIC. En outre, M^{me} Auffrey et moi nous sommes aussi réunies régulièrement. Nous nous penchons sur la façon dont nos organismes pourraient accroître leur collaboration dans des domaines d'intérêt mutuel et coordonner leurs plans d'action dans l'avenir. Nos organismes s'intéressent à bon nombre des mêmes enjeux, mais en adoptant des perspectives légèrement différentes. Nous examinons actuellement certaines suggestions en ce sens et envisageons notamment de coordonner les réunions de nos conseils pour que leurs membres puissent se rencontrer et s'échanger des notes d'information, des évaluations environnementales, des communiqués et des études commandées à des tiers.

- Initiative canadienne sur les infirmières et infirmiers praticiens (ICIIP) de l'AIIC

Les renseignements que je souhaite vous communiquer concernant l'Initiative canadienne sur les infirmières et infirmiers praticiens (ICIIP) de l'AIIC sont les suivants : (i) le Groupe de travail sur les infirmières praticiennes et infirmiers praticiens/ soins de santé primaires de l'ACESI s'est penché sur la composante de l'ICIIP portant sur la formation; (ii) l'ACESI a été invitée en avril à

framework; (iii) CASN has entered into discussion regarding the data collection of nurse practitioner statistics; and (iv) there has been preliminary discussion on the potential accrediting of nurse practitioner programs by CASN. We have expressed an interest in being involved with the CNPI development of accreditation standards.

- CNA's Canadian Registered Nurse Examination (CRNE)

Following Louise Sweatman's presentation on the revised Canadian Registered Nurse Examination (CRNE) at last year's Council meeting, a number of CASN representatives were interviewed to provide feedback on the revised exam.

- CNA's Canadian Nurses Portal Project

The Canadian Nurses Portal Project is an initiative managed by CNA and funded by Health Canada's First Nations and Inuit Health Branch (\$3.997 million). The Portal, due to be launched in June, 2006, is planned to become a personalized interactive web-based resource to help nurses manage their careers, connect with colleagues and health care experts, and care for their patients. CASN was invited to take part in the Education Working Group at a meeting in May. There have been suggestions that CASN member schools might become involved by developing curricula and examinations for the certification specialties, with appropriate reimbursement. This issue will be further explored.

- CNA - CASN - National Student and Faculty Survey of Canadian Schools of Nursing© 2004-2005

CNA-CASN joint Student and Faculty Survey continues to be a regular annual activity

participer à une table ronde organisée par le groupe de la pratique et de l'évaluation dans le but de discuter d'un cadre de mise en œuvre de l'initiative, (iii) l'ACESI a engagé des pourparlers concernant la collecte de statistiques sur les infirmières et infirmiers praticiens; et (iv) des discussions préliminaires ont eu lieu sur la possibilité que l'ACESI agrée les programmes de formation des infirmières et infirmiers praticiens. Nous avons dit être prêts à collaborer avec l'ICIIP à l'élaboration de normes d'agrément.

- Examen d'obtention du diplôme d'infirmière et d'infirmier autorisé (EODIIA) de l'AIIC

À l'issue de l'exposé que Louise Sweatman a présenté sur le nouvel examen d'obtention du diplôme d'infirmière et d'infirmier autorisé (EODIIA) à la réunion du Conseil de l'an dernier, on a demandé, dans le cadre d'une entrevue, à un certain nombre de porte-parole de l'ACESI de donner leur avis sur le nouvel examen.

- Projet de portail des infirmières et des infirmiers canadiens de l'AIIC

Le projet de portail des infirmières et des infirmiers canadiens est une initiative gérée par l'AIIC et financée par la Direction générale de la santé des Premières nations et des Inuits (3,997 millions de dollars). Le portail, dont le lancement est prévu en juin 2006, se veut une ressource électronique interactive personnalisée visant à aider les infirmières et les infirmiers à gérer leur carrière, à communiquer avec leurs collègues et avec les spécialistes des soins de santé et à dispenser des soins à leurs patients. Lors d'une réunion tenue en mai, l'ACESI a été invitée à participer aux travaux du Groupe de travail sur l'éducation. Il a été proposé que les écoles membres de l'ACESI participent au projet en élaborant des programmes et des examens pour l'accréditation des spécialités. L'ACESI se verrait rembourser les frais découlant de cette participation. Cette possibilité sera étudiée plus à fond.

- AIIC - ACESI - Enquête nationale sur les effectifs étudiants et professoraux des écoles canadiennes de sciences infirmières© 2004-2005

L'enquête conjointe de l'AIIC et de l'ACESI sur

between the two organizations. The ongoing commitment to this pan-Canadian collection and the time set-aside by CASN members to work on this survey are valued and the response rates are improving every year. Plans for future meetings between the staff responsible for this activity are ongoing in order to further enhance the collection methods and ultimately lead to more concrete statistical analysis and reports.

- CNA's Internationally Educated Nurses - Diagnostic Phase I (IEN-DP)

CASN was an active member on the IEN-DP Standing Committee, a multi-stakeholder team created to identify and assess current practices and policies with respect to licensure/registration of international applicants for each regulated nursing group and their integration into the workforce. The report published by this group in May is intended to educate the nursing sector and find common ground on a national integrated health human resource strategy, which would include effective and efficient licensure and integration of IENs.

Canadian Nursing Student Association (CNSA)

CASN's and CNSA's boards have agreed to implement reciprocal representation on our mutual boards, with observer status for one year. At that time, an evaluation of the trial will take place regarding the purpose and role of the student on the CASN board, and the budgetary implications of supporting the student and CASN Board member to attend meetings. To date, I have attended one of the CNSA board meetings, and have been very impressed with the manner in which issues are addressed.

les effectifs étudiants et professoraux continue d'être une activité annuelle régulière de nos deux organismes. La participation à cette enquête pancanadienne ainsi que le temps qu'y consacrent les membres de l'ACESI sont grandement appréciés et les taux de réponse obtenus s'améliorent chaque année. Le personnel chargé de cette activité continuera à se réunir dans l'avenir afin de perfectionner les méthodes de collecte des statistiques desquelles se dégageront des analyses et des rapports plus pertinents.

- Projet de l'AIIC relatif aux infirmières et infirmiers formés à l'étranger de l'AIIC – Phase diagnostique I (IIFE-PD)

L'ACESI a participé activement aux travaux du comité permanent IIFE-DP, équipe multidisciplinaire créée pour cerner et évaluer les pratiques et les politiques courantes liées à l'accréditation/l'agrément des requérantes et requérants internationaux pour chaque groupe d'infirmières et d'infirmiers réglementés et à leur intégration à la main-d'œuvre canadienne. Le rapport que ce groupe a publié en mai vise à informer le secteur des sciences infirmières de l'évolution de ce dossier et à trouver des points d'entente à l'égard d'une stratégie nationale intégrée des ressources humaines dans le domaine de la santé, laquelle comporterait un mécanisme permettant d'accréditer et d'intégrer de façon efficiente et efficace les infirmières et infirmiers formés à l'étranger.

Association des étudiant(es) infirmier(ères) du Canada (AEIC)

Les Conseils de l'ACESI et de l'AEIC ont convenu de nommer des représentants qui participeront à leurs réunions respectives. Ces personnes auront le statut d'observateur pendant un an. On évaluera après un an le rôle que joue le(la) représentant(e) étudiant(e) au sein du Conseil de l'ACESI ainsi que ce qu'il en coûte pour permettre la participation de l'étudiant(e) et du membre du Conseil de l'ACESI aux réunions du conseil des deux organismes. J'ai participé jusqu'ici à une réunion du Conseil de l'AEIC et j'ai été très satisfaite de la façon dont celui-ci mène ses travaux.

In addition, CASN was represented at the CSNA's Atlantic Region conference in October, and CASN Corporate Services have been heavily involved with CNSA in developing shared communication tools.

In discussions with the CNSA President (Michael Garreau), it would appear that items worthy of exploration include creating externships for students, student placements with national nursing organizations, healthy work environments for students and developing standards for clinical placements.

Aboriginal Nurses Roundtable

CASN was invited, along with the major national nursing organizations, to a roundtable in June, convened by Lisa Dutcher, President of the Aboriginal Nurses Association of Canada. The purpose of the meeting was to ascertain how we could work together to ensure that we prepare more Aboriginal nurses. I also attended the Aboriginal Nurses Association conference in September. At that conference, Lisa expressed her gratitude that CASN was interested in pursuing this endeavor and will be following up with another roundtable to determine an action plan.

Canadian Federation of Nurses Unions

Linda Silas, President of the Canadian Federation of Nurses Unions (CFNU), has been organizing information sessions on Parliament Hill for Members of Parliament. The topics to date have included nursing and physician shortages and Aboriginal health. I have attended these sessions, and have found it very interesting to see what type of questions the MPs ask. It is evident that we need to get our key messages heard. CFNU has also hired a researcher to provide background on the use of nurse-patient ratios, and has held a consultation to which CASN was invited. The underlying reason for this initiative is that at least three provincial

En outre, l'ACESI s'est fait représenter à la conférence de l'AEIC qui s'est tenue dans la région atlantique en octobre dernier et les Services généraux de l'ACESI ont œuvré activement avec l'AEIC à mettre au point des outils de communication communs.

Il ressort des entretiens que j'ai eus avec le président de l'AEIC (Michael Garreau) que les questions suivantes mériteraient d'être étudiées : création de stages externes pour les étudiantes et étudiants, placement des étudiantes et étudiants dans des organismes infirmiers nationaux, création de milieux de travail sains pour les étudiantes et étudiants et élaboration de normes régissant les placements cliniques.

Table ronde des infirmières et infirmiers autochtones

L'ACESI, de même que les principaux organismes infirmiers nationaux, a été invitée par Lisa Dutcher, présidente de l'Association des infirmières et infirmiers autochtones du Canada, à participer en juin à une table ronde qui visait à établir de quelle manière nous pourrions veiller ensemble à former davantage d'infirmières et d'infirmiers autochtones. J'ai aussi participé, en septembre, à la conférence de l'Association des infirmières et infirmiers autochtones du Canada. M^{me} Dutcher y a dit être reconnaissante que l'ACESI se montre intéressée à participer à cette initiative, et s'est engagée à tenir une autre table ronde consacrée à l'établissement d'un plan d'action.

Fédération canadienne des syndicats d'infirmiers et d'infirmières

Linda Silas, présidente de la Fédération canadienne des syndicats d'infirmiers et d'infirmières (FCSII), a organisé sur la colline parlementaire des séances d'information destinées aux députés. Les pénuries d'infirmières et d'infirmiers ainsi que de médecins, de même que la santé des Autochtones, sont les sujets qui ont été abordés lors de ces séances. J'ai participé à deux des séances d'information et j'ai trouvé fort intéressant de voir quelles questions intéressent tout particulièrement les députés. Il est évident que nous devons faire passer les messages qui nous tiennent à cœur. La FCSII a recruté un chercheur qui sera chargé de

unions are considering adding this to their contract negotiations.

Internationally Educated Nurses

There have been a number of meetings funded by Human Resources and Skills Development Canada (HRSDC) with regard to internationally educated individuals in general, and nurses, in particular. CASN has been invited to a meeting on models of accelerated labor market integration of immigrants, a workshop on a common framework for foreign credential assessment and recognition, and a meeting regarding a proposal by the Commonwealth Secretariat for the temporary migration of Caribbean nurses to Canada.

Professional Education Working Group on Immunization

This group is sponsored by the Public Health Agency of Canada and is interested in learning what is currently being taught to health professionals across the country regarding immunization. As an invited member of this working group, we were able, with your help, to assist their researchers by identifying nurse educators to be interviewed.

Canadian Patient Safety Institute (CPSI)

In October, the founding Board of Directors of the Canadian Patient Safety Institute has accepted CASN as a voting member of CPSI. In addition, a member of the CASN Task Force on Patient Safety has been invited to be a member of the Canadian Patient Safety Institute Committee on Research and Evaluation.

recueillir des données sur le rapport personnel infirmier-patients. La Fédération a aussi tenu sur le sujet des consultations auxquelles l'ACESI a été invitée à prendre part. La raison qui sous-tend cette initiative est qu'au moins trois syndicats provinciaux envisagent d'aborder cette question dans le cadre de leurs négociations collectives.

Infirmières et infirmiers formés à l'étranger

Plusieurs réunions, financées par Ressources humaines et Développement des compétences Canada (RHDC), ont porté sur la question des travailleurs formés à l'étranger, en général, et sur celle des infirmières et infirmiers, en particulier. L'ACESI a été invitée à participer à une réunion consacrée à l'examen de modèles visant à accélérer l'intégration des immigrants au marché du travail, à un atelier sur un cadre commun d'évaluation et de reconnaissance des titres de compétences étrangers et à une réunion où sera examinée la proposition faite par le Secrétariat pour les pays du Commonwealth en vue de favoriser l'entrée temporaire au Canada d'infirmières et d'infirmiers provenant des pays des Antilles.

Groupe de travail sur la sensibilisation des professionnels à l'immunisation

Ce groupe, qui est parrainé par l'Agence de santé publique du Canada, s'intéresse à ce que l'on enseigne aux professionnels de la santé canadiens en matière d'immunisation. Comme notre association a été invitée à faire partie de ce groupe, nous avons pu, grâce à votre aide, aider ses chercheurs à identifier les éducatrices et les éducateurs qu'il conviendrait d'interroger sur le sujet.

Institut canadien sur la sécurité des patients (ICSP)

En octobre, le conseil d'administration fondateur de l'Institut canadien sur la sécurité des patients a accepté l'ACESI à titre de membre ayant droit de vote. En outre, un membre du Groupe de travail sur la sécurité des patients a été invité à siéger au Comité sur la recherche et l'évaluation de l'Institut.

Reforming States Group (RSG) Meeting

CASN was invited to a meeting, in June, organized by the Reforming States Group - a voluntary association of legislative leaders and senior officials of the executive branch from all fifty states and several Canadian provinces in collaboration with the Milbank Memorial Fund. The purpose of the meeting was to discuss what policy makers from provinces and states can learn from one another in their efforts to expand the supply of nurses. A number of working groups were struck, and work is on-going.

Health Council

The Health Council is responsible for monitoring and making annual public reports on the implementation of the Health Accord, particularly its accountability and transparency provisions. The Council reports through federal/provincial/territorial Ministers of Health and includes representatives of both orders of government, experts and the public. I was invited, on behalf of CASN, to attend the release of their initial report in January, as well as their National Health Human Resource (HHR) Summit in June. We have just provided feedback on the HHR summit.

Interprofessional Patient Centred Education in Palliative and End-of-Life Care.

In August, CASN lead an advisory committee in writing a proposal for submission to Health Canada's Interprofessional Education in Collaborative Patient Centred Practice Initiative Call for Proposals. CASN was the primary applicant and the partners in the project included the Canadian Hospice Palliative Care Association, the Association of Faculties of Pharmacy of Canada, the Canadian Association of Schools of Social Work, Educating Future Physicians in Palliative and End-of-Life Care/Association of Faculties of Medicine of Canada. CASN expects to hear a decision on funding by April 2006.

Réunion du Reforming States Group (RSG)

L'ACESI a été invitée en juin à une réunion organisée par le Reforming States Group – association bénévole de législateurs et de hauts fonctionnaires provenant de l'exécutif des 50 États américains et de plusieurs provinces canadiennes, dont les travaux sont menés en collaboration avec le Milbank Memorial Fund. Cette réunion visait à discuter de ce que les responsables de l'élaboration des politiques des provinces et des États américains peuvent apprendre les uns des autres en vue d'accroître le nombre d'infirmières et d'infirmiers. La réunion a débouché sur la création de groupes de travail qui poursuivent leurs activités.

Conseil de la santé

Le Conseil de la santé est chargé de suivre la mise en œuvre de l'Accord sur le renouvellement des soins de santé et de présenter des rapports annuels traitant notamment de l'application de ses dispositions en matière de reddition de comptes et de transparence. Le Conseil relève des ministres fédéral/provinciaux/territoriaux de la santé et compte des représentants des deux paliers de gouvernement, des spécialistes du domaine et des membres du public. Au nom de l'ACESI, j'ai été invitée à participer, en janvier, au lancement du premier rapport du Conseil et en juin, au sommet national que celui-ci a tenu sur les ressources humaines en santé. Nous venons de fournir notre rétroaction sur le sommet sur les RRS.

Formation interprofessionnelle pour une pratique axée sur le patient dans le domaine des soins palliatifs et en fin de vie

En août, l'ACESI a présidé un comité consultatif chargé de soumettre une proposition écrite dans le cadre de l'appel de propositions lancé par Santé Canada par l'entremise de l'Initiative sur la formation interprofessionnelle pour une pratique en collaboration axée sur le patient. L'ACESI est le principal requérant, et ses partenaires pour ce projet sont l'Association canadienne de soins palliatifs, l'Association des facultés de pharmacie au Canada, l'Association canadienne des écoles de service social et Educating Future Physicians in Palliative and End-of-Life Care/Association des facultés de

médecine du Canada. L'ACESI s'attend à connaître la décision de Santé Canada à l'égard de sa demande d'ici avril 2006.

Our second Strategic Direction is to facilitate the achievement of an appropriate number of skilled and knowledgeable nursing graduates in each Canadian jurisdiction, in a cost-effective manner. Realizing that, arising from the 2004 Health Accord, jurisdictions are expected to have in place their plans on how they will increase their numbers of health professionals by the end of 2005, there is significant concern that the number of seats may be arbitrarily increased with no corresponding increase in resources – particularly for nursing faculty, clinical placements, and infrastructure. When it was learned that the Council of the Federation (the Premiers) would be meeting August 10-11, and that education was on their agenda, we sent a letter to the Honorable Ralph Klein, who is the current Chair of the Council, presenting our concerns and estimates of the magnitude of financing that would be required to graduate sufficient nurses to maintain the status quo. CNA also sent a letter in support of our position. To date we have received acknowledgements from two provinces and letters from Mr. Klein and his Ministers of Education and Health. What is more encouraging, however, is that we copied our letter to the Principal Nurse Advisors in each jurisdiction, and as a result, I was invited to make a presentation to them on this topic in early October.

We also applied to present our concerns and estimates to the House of Commons Standing Committee on Finance pre-budget consultations. This was accepted and the presentation was made in late October. In addition, we recommended that there be a specific Canada Education Transfer to the provinces/territories. It is hoped that the combination of our letter and presentations will be a first step in framing nursing education as a health human resource issue and placing in on the political agenda. **(Appendix B)**

Notre deuxième orientation stratégique est de faciliter dans chaque province et territoire la formation à un coût abordable d'un nombre approprié de diplômés en sciences infirmières possédant les connaissances et les compétences voulues. Dans le cadre de l'Accord de 2004 sur le renouvellement des soins de santé, les provinces et les territoires se sont engagés à mettre en place des plans en vue d'accroître le nombre des professionnels de la santé d'ici la fin de 2005. Dans ce contexte, nous craignons vivement que le nombre de places dans les écoles de sciences infirmières soit relevé arbitrairement sans que les écoles ne se voient accorder les ressources correspondantes, en particulier en ce qui touche le corps professoral, les placements cliniques et l'infrastructure. Lorsqu'on a appris que le Conseil de la fédération (les premiers ministres) se réunissait les 10 et 11 août et que la question de la formation était à l'ordre du jour, nous avons fait parvenir une lettre à Ralph Klein, actuel président du Conseil, pour lui exprimer nos préoccupations et lui transmettre nos prévisions quant aux fonds requis pour pouvoir former le nombre d'infirmières et d'infirmiers qui allait permettre de maintenir le statu quo. L'AIIC a aussi adressé à l'honorable Ralph Klein une lettre dans laquelle elle appuyait notre position. Deux provinces ont jusqu'ici répondu à notre lettre de même que M. Klein et ses ministres de l'Éducation et de la Santé. Ce qui est cependant plus encourageant, c'est que nous avons transmis notre lettre aux conseillers principaux en matière de soins infirmiers dans chaque province et territoire, ce qui m'a valu d'être invitée à faire un exposé devant ce groupe au début d'octobre.

Nous avons aussi demandé à présenter nos préoccupations et nos prévisions au Comité permanent de la Chambre des communes chargé des consultations pré budgétaires. Notre demande ayant été acceptée, nous avons comparu devant le Comité à la fin octobre. En outre, nous avons recommandé la création d'un transfert canadien en matière d'éducation à l'intention des provinces et des territoires. Nous espérons que notre lettre et nos exposés constitueront un premier pas en vue de sensibiliser les décideurs au fait que la question de la formation des infirmières et infirmiers est liée aux ressources humaines en santé et qu'elle doit figurer au programme du gouvernement. **(Annexe B)**

Strategic Direction 2 also includes the need to address the diminishing supply of appropriate clinical placements. We have been successful in obtaining funding (\$200,000) from the Office of Nursing Policy, Health Canada, for three studies relating to clinical placements. These are:

1. an inventory of strategies to deliver nursing and inter-professional clinical placements in Canada,
2. costing nursing clinical placements in Canada, and
3. an inventory of the use of simulated clinical learning experiences and the evaluation of their effectiveness.

A Request for Proposals was issued, and the successful applicants will be announced at the Council meeting.

Yet another component of Strategic Direction 2 is to enhance the CASN Accreditation Program. There has been considerable activity this year regarding accreditation. First, the Task Force on Accreditation completed its mandate of revising the accreditation standards and was disbanded. A new Pilot Test Advisory Group was struck to provide counsel as the pilot testing of the new standards takes place. This will begin early in 2006 with ten schools, eleven programs and sixteen reviewers participating. A November reviewer orientation session is planned. Second, the Board of Accreditation held a retreat in April. The purpose was to develop a workplan and to survey other accrediting agencies to identify current policy and practice for professional education bodies regarding such issues as accountability, appeals, fees and benchmarking. This information was provided to the Board of Directors for consideration of these recommendations. Third, negotiations with the College of Registered Nurses of Nova Scotia (CRNNS) have resulted in a trial of merging their approval process with CASN's Accreditation. As you know, Ontario has already completed such a merger, and there are expressions of interest from at least three other jurisdictions. Fourth, applications for accreditation reviews from CASN members Schools are steadily increasing, as are external inquiries regarding the program from other countries, such as Australia, Ireland, Lebanon and China.

Notre deuxième orientation tient aussi compte de la nécessité de lutter contre la diminution des stages cliniques appropriés. Nous sommes parvenus à obtenir des fonds (200 000 \$) du Bureau de la politique des soins infirmiers de Santé Canada pour mener trois études sur les placements cliniques, lesquelles porteront sur les questions suivantes :

1. recensement des stratégies permettant d'offrir des stages cliniques en sciences infirmières et interprofessionnels au Canada,
2. évaluation du coût des stages cliniques au Canada, et
3. recensement des expériences d'apprentissage clinique simulé utilisées et évaluation de leur efficacité.

Une demande de propositions a été lancée; les demandes retenues seront rendues publiques à la réunion du Conseil.

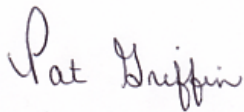
Notre deuxième orientation stratégique prévoit aussi l'amélioration du programme d'agrément de l'ACESI. L'Association a consacré beaucoup d'attention cette année à la question de l'agrément. Premièrement, le Groupe de travail sur l'agrément a réalisé son mandat consistant à revoir les normes d'agrément et a donc été démantelé. Un nouveau Groupe consultatif sur la mise à l'essai des normes d'agrément a été constitué et est chargé de fournir des conseils au sujet des nouvelles normes. Le Groupe consultatif commencera à mettre à l'essai ces normes au début 2006. Dix écoles, onze programmes et seize évaluateurs participeront à cette phase initiale. Une séance d'orientation destinée aux évaluateurs est prévue pour novembre. Deuxièmement, le Bureau de l'agrément a tenu en avril des séances de réflexion qui visaient à lui permettre d'élaborer un plan de travail et à communiquer avec d'autres organismes d'agrément dans le but d'obtenir d'eux des renseignements sur les politiques et pratiques actuelles des organismes de formation professionnelle en matière de reddition de comptes, d'appels, de frais et d'analyse comparative. Ces renseignements ont été transmis au Conseil d'administration qui donnera son avis sur les recommandations qui les accompagnent. Troisièmement, les négociations menées avec le College of Registered Nurses of Nova Scotia (CRNNS) ont abouti à une expérience visant à fusionner le processus d'approbation de cet organisme et le processus d'agrément de l'ACESI. Comme vous le savez, cette fusion est déjà une réalité en Ontario et au moins trois autres provinces ou territoires ont dit s'intéresser à cette idée. Quatrièmement, le nombre de demandes d'examen d'agrément provenant d'écoles membres de l'ACESI augmente continuellement de même que les demandes de

renseignements formulées, à l'égard du programme, par des pays comme l'Australie, l'Irlande, le Liban et la Chine.

As you can see, not only have we developed a Strategic Plan this year, but work is well underway in addressing our strategic directions. This, of course, could not occur without the goodwill and hard work of many individuals. Our President and board members work diligently on your behalf, as do the Board of Accreditation members and our accreditation reviewers. The members of our standing committees and task forces are also very committed to completing the tasks they so willingly undertake.

But I would be very remiss if I did not mention the outstanding work of the staff of our National Office. We have been subject to a number of challenges this past year, which has included the illness of one of our key staff members, our loss of three staff members, and the addition of three new staff members. Add to the equation a new Executive Director, and you have what might have been a somewhat unstable environment. However, the staff has worked together as a team, has accomplished much to be proud of, and has come through it all energized and ready to face new challenges.

And finally, I must tell you how proud I am to be part of this organization and to work on your behalf. I have always considered teaching a key to the future, and a profoundly noble profession since you play such an important role in shaping the minds of our next generation. However, when you combine teaching and the teaching of nursing, the profession takes on even greater influence. You are forming the leaders and the nurses of the health care system of tomorrow – indeed, the health care system that will look after us when we become the older generation. You have a sacred trust in the work that you do – and I am proud to be a small part of it.



Pat Griffin

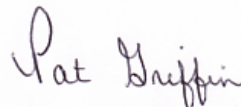
Executive Director

Vous pouvez le constater : outre que nous avons élaboré un plan stratégique cette année, nous sommes en bonne voie de mettre en œuvre les orientations qui en découlent, ce qui n'aurait évidemment pas pu être possible sans la bonne volonté et le travail assidu de nombreuses personnes. Notre présidente et les membres de notre Conseil travaillent avec diligence en votre nom. Il en va de même pour les membres du Bureau de l'agrément et nos évaluateurs. Les membres de nos comités permanents et groupes de travail ne ménagent pas non plus leurs efforts pour accomplir la tâche qui leur est confiée.

Je m'en voudrais de ne pas parler de l'excellent travail effectué par le personnel de notre Secrétariat national. Nous avons dû relever de nombreux défis cette année en raison notamment de la maladie d'un des principaux membres de notre personnel, ainsi que de la perte et du remplacement de trois employés. L'arrivée d'une nouvelle directrice générale aurait pu grandement compliquer la situation. Or, le personnel a travaillé comme une véritable équipe et a abattu beaucoup de travail, avec pour résultat qu'il déborde maintenant d'énergie et est prêt à affronter les défis que lui réserve l'avenir.

Enfin, je dois ajouter que je suis fière de faire partie de cet organisme et de travailler en votre nom. J'ai toujours considéré que l'enseignement, profession parmi les plus nobles, était la clé de l'avenir, car il permet de contribuer effectivement à former la génération future. L'enseignement des sciences infirmières revêt pour sa part une importance particulière. Vous formez les chefs de file et les infirmières et infirmiers sur lesquels reposeront le système de santé de demain – le système même sur lequel nous compterons dans notre vieillesse. Vous croyez fermement à l'importance de cette mission à laquelle je suis fière d'être associée, même dans une petite mesure.

Directrice générale,



Pat Griffin

CASN Strategic Plan

STRATEGIC DIRECTION 1:

Increasing CASN's profile and clarifying CASN's role in the nursing, healthcare, education and policy communities.

- 1.1 Enhancing CASN's profile, engaging member schools and faculty in CASN's work, and sharing CASN's work with students; other nursing organizations; and health, education and policy organizations through multiple media. This will include:
 - re-designing and revising the CASN web site
 - re-assessing how material is disseminated at conferences (e.g. use of CDs)
 - developing press releases on topics of concern to CASN. These may be in conjunction with other stakeholders.
 - identifying a liaison person in each member school to assist in disseminating information.
 - developing marketing tools such as key messages included in information kits, etc.
 - profiling CASN products – e.g. Accreditation program
- 1.2 Collaborating with CNA and other relevant stakeholders on issues of mutual interest.
- 1.3 Ensuring that CASN is an active and leading participant in health care system renewal through the contributions of relevant Standing Committees and Task Forces, and representation on external committees and working groups. This will include:
 - reviewing the current Standing Committee/Task Force structure for continuing relevance
 - considering the creation of new Task Forces, as appropriate
 - ensuring representation on external committees and working groups, as appropriate, and maintaining continuing dialogue between CASN representatives on these bodies and the CASN Board of Directors
- 1.4 Investigating the feasibility of establishing an International Association of Schools of Nursing with other like-minded organizations, e.g. the Council of Deans, Australia and New Zealand, England, and Scotland
- 1.5 Enhancing the quality, comprehensiveness and accessibility of CASN databases. This will include:
 - expanding the Nursing Education Program database to include additional data on Registered Nurses as well as data on Licensed Practical Nurses and Registered Psychiatric Nurses
 - investigating alternate ways of obtaining data for the Nursing Research Database, to ensure comprehensiveness
 - determining the feasibility of developing a database for nurse practitioners
 - reviewing existing databases for continuing relevance
 - preparing and disseminating annual reports

STRATEGIC DIRECTION 2:

Facilitating the achievement of an appropriate number of skilled and knowledgeable nursing graduates in each Canadian jurisdiction, in a cost-effective manner.

2.1 Supporting evidence-based planning.

- collaborating with jurisdictional decision-makers to ensure that evidence-based planning is incorporated in determining nursing human resource needs and supporting the increase in nursing seats where appropriate
- contacting educational and health ministries (and Principal Nurse Advisors) in each jurisdiction as well as the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Health Human Resources (ACHDHHR), the CHSRF/CIHR Nursing Research Chair in Health Human Resources and other relevant stakeholders such as Aboriginal peoples to collaborate in this process

2.2 Collecting and managing data on the resources required to plan for nursing education.

- identifying the number of appropriately prepared nursing faculty required, based on the number of required nursing seats
- advocating for increased seats to produce appropriate numbers of Masters' and PhD prepared nursing faculty. This will include advocating for:
 - the need for financial assistance to support pursuing graduate education
 - recruitment and retention strategies for faculty, and
 - increased tenure track and scholarly activity positions in educational facilities, for the increased number of faculty
- identifying increased physical and infrastructure resources (e.g. classroom space, labs, etc.) where required
- addressing the limited supply of appropriate clinical placement opportunities through:
 - developing an inventory of current practices among nursing and other disciplines, in order to determine the feasibility of creating a multi-user database
 - costing nursing clinical placements with respect to educational facilities, clinical facilities, preceptors and students
 - identifying current practices among nursing and other disciplines, in the use of clinical simulation experiences
 - working collaboratively with employer groups to develop "student friendly" clinical placement opportunities
 - working collaboratively with other health disciplines to avoid competing for limited resources, and
 - evaluating different ways of delivering clinical education – blocks of concentrated practice, the efficacy of varying amounts of clinical practice sessions offered at the same time as classroom theory
- identifying and advocating for the use of innovative education modalities including distance modalities such as WEB-CT formats
- developing formulae, or their equivalent, to project costs of undergraduate nursing education programs in Canada (i.e. what it costs to educate a nurse).

2.3 Providing leadership on the Nursing Sector Study (Building the Future: An Integrated Strategy for Nursing Human Resources in Canada) Recommendation #2 – "Develop a Pan-Canadian approach to nursing education in collaboration with the provincial, territorial and federal governments to prepare the number of qualified graduates needed to meet workforce needs."

- Initiating discussion with the three regulated nursing bodies (Registered Nurses, Registered Psychiatric Nurse, Licensed Practical Nurses)
- Providing feedback to the Nursing Sector Study recommendations regarding nursing education

2.4 Facilitating inter-professional education.

- collaboratively working with other nursing organizations and health professionals to establish a role for nursing in the current initiatives for inter-professional/multi-disciplinary education (e.g. proposal for Palliative and End-of-Life Care to the Inter-professional Education for Collaborative patient-Centered Care fund)
- clarifying nursing scope of practice boundaries, both within the three regulated nursing disciplines as well as with other health professionals, in order to determine whether an intra-professional approach to education is warranted

2.5 Facilitating collaboration with other organizations in projects that are of mutual interest.

- Supporting the Canadian Nurses Association in:
 - The Canadian Nurse Practitioner Initiative
 - Revisions to the Canadian Registered Nurse Exam

2.6 Advocating for entry-to-practice at the baccalaureate level as the national standard.

2.7 Building a nursing education research infrastructure to support nursing science curriculum at all levels of degree nursing education. This will include:

- taking a leadership role in assisting students to develop an appreciation of the role and importance of multiple sources of evidence
- securing funding for nursing education research, in order to build the evidence-base, including funding for graduate students who wish to pursue nursing education research
- facilitating a network for nurse educators engaged in nursing education research.
- advocating for the establishment of a nursing education research chair, in order to build nursing research capacity in this field of inquiry

2.8 Collaborating with employers to reduce the theory/practice gap. This will include:

- developing an understanding of mutual needs and contexts, including interaction with the regulatory bodies who are responsible for determining core competencies and licensing
- achieving consensus on the attributes of new degree graduates.
- examining the efficacy of practice models that bridge education and practice, such as joint appointments.

2.9 Establishing an inter-professional Task Force on attrition, which would include representatives from CASN members, as well as other organizations which may hold varying views of the current situation.

- conducting a study, under the auspices of the Task Force, to identify current and accurate attrition rates in nursing as well as in other health disciplines.
- recommend corrective action, if required. This may include:
 - reviewing current definitions used, and achieving consensus on standardized definitions
 - re-visiting documenting current student selection processes and seeking consensus regarding student selection
 - developing and implementing a national standardized exit interview.

2.10 Enhancing the CASN Accreditation Program through:

- piloting the 2005 Program, and revising if and where necessary

- investigating the feasibility of developing accreditation programs for:
 - the Nurse Practitioner programs
 - Master's programs
 - PhD programs
- developing standards for clinical placements
- linking standards with existing best practices
- exploring the feasibility of merging with provincial approval processes, whenever possible.

STRATEGIC DIRECTION 3:

Enabling the development of nursing scholarship in nurse educators and others, in the area of education and clinical practice.

Building nursing research capacity to provide the evidence base for all domains of nursing – education, administration, practice, and nursing and health policy.

3.1 Developing nursing scholarship. This will include:

- identifying excellence in nursing scholarship and clinical practice
- recognizing and rewarding such excellence (e.g. award given at Council)
- supporting initiatives to create a nursing research chair in clinical practice
- creating a database on nursing scholarship in education and clinical practice

3.2 Building nursing research capacity. This will include:

- fostering excellence in nursing Master's and Doctoral education programs (e.g. accreditation)
- identifying nursing research priorities
- expanding the critical mass of nurse researchers (e.g. more graduate seats, more funding to support graduate programs, chairs, career scientists, etc.)
- enhancing grantsmanship skills in order to improve competitive advantage
- creating a forum for doctoral students to share information
- collaborating with the newly formed Consortium for Canadian Nursing Research and Innovation

STRATEGIC DIRECTION 4:

Collaborating with other relevant nursing stakeholders in developing recruitment materials and strategies to encourage targeted populations to seek undergraduate and graduate nursing as a career choice.

4.1 Developing media campaigns:

- to raise the profile of nursing as an attractive career choice, and
- to inform the public of what nurses actually do.

4.2 Developing specific recruitment initiatives to ensure a diverse workforce. Three major audiences to be targeted include:

- Aboriginal peoples
- males, and
- ethnic groups based on regional populations.

STRATEGIC DIRECTION 5:

Advocating for tuition and living support for undergraduate and graduate nursing students and new graduates in collaboration with other health disciplines.

5.1 This support will include:

- making loans more available
- initiating loan forgiveness programs
- increasing the use of the externship concept whereby students work in clinical facilities during the summer between third and fourth year and are paid a salary, and promised a job on graduation in the same area
- providing support for mature students and those with families, and
- introducing jurisdictional summer work programs in under-serviced areas.

It is important to note that funding to Schools/Faculties of Nursing should not be affected by any support given directly to students.

5.2 Advocating for support for new graduates. This will include collaborating with employer and other groups to:

- facilitate new graduates in securing full-time employment, in order to consolidate their nursing skills, and
- ensuring appropriate mentoring.

5.3 Developing a stronger relationship with the Canadian Student Nurses Association. This will include:

- fostering reciprocal positions on boards of directors
- ensuring reciprocal representation at annual meetings
- investigating models of healthy work environments for nursing students
- developing standards for clinical placements

STRATEGIC DIRECTION 6:

Supporting work to facilitate the entry and integration of internationally educated nurses to the Canadian workforce.

6.1 This will include:

- the work currently being conducted by Maxine Mott in conjunction with AFMC (Association of Faculties of Medicine in Canada) – Professional Development Program for Educators of Internationally Educated Nurses (proposal approved by Health Canada)
- the work currently underway to develop a common framework for foreign credential assessment (sponsored by Campus Canada, HRSDC, Canadian Virtual University)
- the work currently underway by the Canadian Nurses Association – Internationally Educated Nurses – Diagnostic Phase.
- establishing the role of CASN and nursing programs with regard to Internationally Educated Nurses.
- exploring the structure/process of how credentials are assessed, and how this relates to Accreditation processes.

Brief to the House of Commons Standing Committee on Finance

Nursing Education in Canada

The Canadian Association of Schools of Nursing (CASN) wants to work with Canada's federal and provincial/territorial governments, professional partners, employers and unions to put in place an education strategy and infrastructure that will help improve access to care for Canadians today, while planning the education system that will help to improve health outcomes in the future.

The education of nurses is tied irrevocably to Canada's prosperity and productivity – in three important ways.

1. In general, an investment in post-secondary education produces a well-educated workforce. This investment in Canada's human capital is a major key to enhancing productivity and prosperity.
2. We believe that putting in place a workforce of appropriately educated nurses is fundamental to the success of the collective efforts of governments striving to improve access to quality care, control health care costs, and reduce wait times.
3. In addition to allaying current pressures on the health care system, an additional benefit will be a healthier workforce, which will also contribute to Canada's enhanced productivity and prosperity.

The payoff for investing in nurses is neither theoretical nor long term; care led or coordinated by nurses produces outcomes equal to those of family physicians, or better, at significantly less cost. Educating nurses now will improve health and reduce costs immediately. We are eager to implement a sensible, comprehensive, pan-Canadian strategy to strengthen Canadian nursing education, based on the following:

- Canada is facing a real, current shortage of nurses, while at the same time experiencing a growing population and increased demands for health care services.
- Our nursing education system is the major contributor to the inflow of the stock of nurses.
- Funding for higher education in this country has seriously lagged behind that of funding to health care.
- Given the growing complexity of health care, the baccalaureate degree as entry-to-practice for Registered Nurses is essential.
- In order to maintain the status quo for Registered Nurses, we need to graduate 18,000 baccalaureate-prepared nurses by 2011 at an estimated cost of \$810,000,000.
- Expanding the current education capacity is dependent upon the expansion capability within the system. However, the major challenges to expanding capacity are (a) an insufficient supply of qualified nursing faculty, (b) a diminishing number of clinical placements due to restructuring and down-sizing, (c) an aging infrastructure, and (d) the need for tuition support for nursing students at all levels.

- Estimated costs to overcome short-term shortages are:

Supply of Master's prepared faculty	\$129,560,000
Supply of Ph.D. prepared faculty	\$171,840,000
Clinical placements	\$10,700,000
Infrastructure	\$5,350,000

- Total costs, then, would be \$1,127,450,000 over five years – a modest investment in the nation's health of just \$35 per Canadian.

To address these concerns, CASN suggests two initiatives:

- that funds be provided to expand the current education capacity in order to combat the nursing shortage, and
- that a dedicated transfer to the provinces/territories for education (a Canada Education Transfer) be established.

What will happen if we do not act now? The shortage of nurses before us will make it impossible for governments to maintain current levels of health, let alone improve health in the future. There are crucial implications for access to services and wait-times, maintaining the quality of services and patient safety, and the sustainability of the entire health care system. An investment in nursing education is an investment in human capital and in the future of all Canadians.

BACKGROUND:

The Canadian Association of Schools of Nursing (CASN) represents Schools of Nursing that offer all or part of an undergraduate or graduate degree in nursing. Currently, CASN represents 91 of the 134 schools across Canada.

CASN develops and supports national nursing education standards for Registered Nurses in Canada and accredits Schools of Nursing. We strongly promote the baccalaureate degree as entry-to-practice given the increasing complexity in nursing and health care; the expanding nursing and health-related knowledge and the need for its uptake and application in providing nursing services; the need for accountability to the public for safe, competent and effective nursing care; and the need to understand and practice nursing within the social, cultural and political contexts of Canadian health care. ⁽¹⁾ When one considers what the future will look like - with an increasing reliance on technology and artificial intelligence; the expansion of primary health care, human cloning, and environmental concerns; the potential for space travel; the re-design of scope of practice and working with unregulated workers – it will be even more important that nurses are prepared to be knowledge workers in a knowledge society. Currently, seven of the thirteen provinces/territories require the baccalaureate degree as entry-to-practice, and we understand that Alberta plans to introduce this practice in 2010.

As has been well documented, Canada is facing a current and looming shortage of nurses. Of the reported shortages of OECD countries, Canada and the United States predict the highest. ⁽²⁾ It is estimated that by 2011, Canada will have a shortage of 78,000 Registered Nurses, and that this will increase to 113,000 by 2016. ⁽³⁾ To give context to that number, it represents about a third of the nurses needed to provide care just by today's standards. That means that in any thirty bed hospital unit, ten of the patients would have no nursing care, and in a city like Edmonton, a third of the citizens would have no access to public health nurses in the event of a communicable disease outbreak. The numbers do translate to real people, real losses, and real risks.

The three identified root causes of the Canadian shortage are:

1. a workforce that is not sufficiently renewing itself as a result of an aging workforce, and a limited education capacity, in which the number of qualified applicants exceed the available number of seats;
2. human resource management practices that make it impossible to maximize the productivity of nurses through high absenteeism rates which are 83% higher than the overall full-time employed labor force; demanding workloads; casualization of the nursing workforce; scope of practice issues such as an increase in non-nursing tasks; and professional practice environments which are characterized by the loss of nursing leadership positions, the loss of financial support for continuing education, a lack of respect, and verbal and physical abuse from patients, families and co-workers, and
3. insufficient funds to hire the number of nurses needed. ⁽⁴⁾

Since the major contributor to the inflow of the stock of nurses is through new graduates, it is imperative that the current education capacity be expanded. CASN wants to work with Canada's federal and provincial/territorial governments, professional partners, employers and unions to put in place an education strategy and infrastructure that will help improve access to care for Canadians today, while planning the education system that will help to improve health outcomes in the future. We believe that putting in place a workforce of appropriately educated nurses is fundamental to the success of the collective efforts of governments striving to improve access to quality care, control health care costs, and reduce wait times. The payoff for investing in nurses is neither theoretical nor long term; care led or coordinated by nurses produces outcomes equal to those of family physicians at significantly less cost. Educating nurses now will improve health and reduce costs immediately.

It is interesting to note the major funding gap between health care and higher education. Twenty years ago, the ratio of provincial spending on health care to post-secondary education was 4:1: today it is 6:1. There has recently been an increase in some provinces in education funding – but most of this money has been applied to increasing the number of seats, without adding resources, so that in real terms support is lower per student than before. In addition, faculty salaries have risen only about 3% yearly. In comparison with the United States, between 1980 and 2002, American government investment in public four-year universities rose 25% in real terms, compared to a decline in Canada in real terms of 20%. ⁽⁵⁾ We are all paying a price now for those policy decisions, and we have to act to modify some of them if we are going to enjoy a strong health care system in the future.

Proposed National Nursing Education Strategy:

When discussing the expansion of our current education capacity, the first question must be how much expansion is required. Based on a medium-loss scenario with nurses retiring at age 60, we will lose more than 45,000 nurses during 2006-2009. During that same time we should see about 24,000 new graduates (estimated at our current rate of 8,000 per year) plus 3,000 foreign-trained nurses come into the system as new registrants. That would constitute a shortfall of 18,000 nurses to fill only the short and medium term, i.e. to maintain the status quo rather than a growth proposal.

Since we need these nurses now, to make up the shortfall, seats would need to be increased at the following rate:

2007	1,000 new admissions
2008	3,000 new admissions
2009	4,000 new admissions
2010	5,000 new admissions
2011	5,000 new admissions

The cost per four-year B.Sc.N. graduate ranges from \$40,000 (Canadian Nurses Association), to \$50,000 (Alberta Learning 2002). If we estimate \$45,000, then the approximate cost would be \$810,000,000 to produce these 18,000 nurses.

However, expanding the current education capacity is dependent on the expansion capability within the current system. A recent study has identified that 80% of the schools feel they could increase enrollment by 10%, 50-65% could increase by 25%, 33% could increase by 50%, and 20% could increase by 100%, given the appropriate resources to do so. ⁽⁶⁾ Potential expansion, however, faces four major challenges. These are (1) an insufficient supply of qualified nursing faculty, (2) a diminishing number of clinical placements due to restructuring and down-sizing, (3) an aging infrastructure, and (4) the need for tuition support for nursing students.

1. Supply of Nursing Faculty

Currently, with approximately 8,000 nurses graduating each year, 1,623 (42%) nursing faculty hold a Master's degree. To maintain this ratio and increase the number of admissions by 18,000, there would be a need for 3,673 new Master's prepared faculty. Since we are currently educating approximately 434 annually, we need an increase of 3,239 graduates.

In a similar fashion, the current percentage of Ph.D. prepared faculty for 8,000 annual graduates is 650 (16.8%). To maintain this ratio and increase the number of admissions by 18,000, there would be a need for 1463 Ph.D. prepared faculty. Since we are currently educating approximately 31 annually, we need an increase of 1432 new graduates.

Using an estimate of \$20,000 per year for two years to produce a Master's faculty, and \$30,000 per year for four years to produce a Ph.D. faculty, the approximate cost would be:

Master's	3,239 X \$40,000 = \$129,560,000
Ph.D.	1432 X \$120,000 = \$171,840,000

2. Clinical Placements

Appropriate clinical placements are essential to allow nursing students to apply their theoretical knowledge to a practice area and so, to develop the necessary skills. There are a number of approaches to the problems encountered in securing clinical placements. The most frequent approach suggested is the creation of simulation and virtual reality labs to enhance, but not to replace, actual placements in clinical agencies. This would include not only capital funding, but also operating funds to cover technician and computer support.

Estimated costs here would be approximately \$100,000 for each of 107 Schools of Nursing (the 80% who indicated the potential for expansion), totaling \$10,700,000.

3. Aging Infrastructure

Many Schools of Nursing report the critical need for more classroom and lab space, office space, research space and other administrative resources. In addition, there are significant salary differentials between deans and vice-presidents in clinical agencies, as well as between professors and clinical teachers and agency staff.

Estimated costs here would be \$50,000 for each of the 107 Schools of Nursing (the 80% who indicated the potential for expansion), totaling \$5,350,000.

4. Tuition Support

Although not included in the estimated costs, there is also a great need for tuition support for students at all levels. It is not uncommon to hear of undergraduates completing their courses with an accumulated debt load of \$20,000 – 30,000. One potential solution would be a program of tax free tuition rebate, based on one year's rebate for one year's service following graduation.

To summarize, the estimated cost of expanding our education capacity in order to graduate the required number of nurses for the short and medium term, would be:

Baccalaureate prepared nurses	\$810,000,000
Nursing faculty:	
Master's prepared nurses	\$129,560,000
Ph.D. prepared nurses	\$171,840,000
Clinical placements	\$10,700,000
Infrastructure needs	\$5,350,000
Total:	\$1,127,450,000

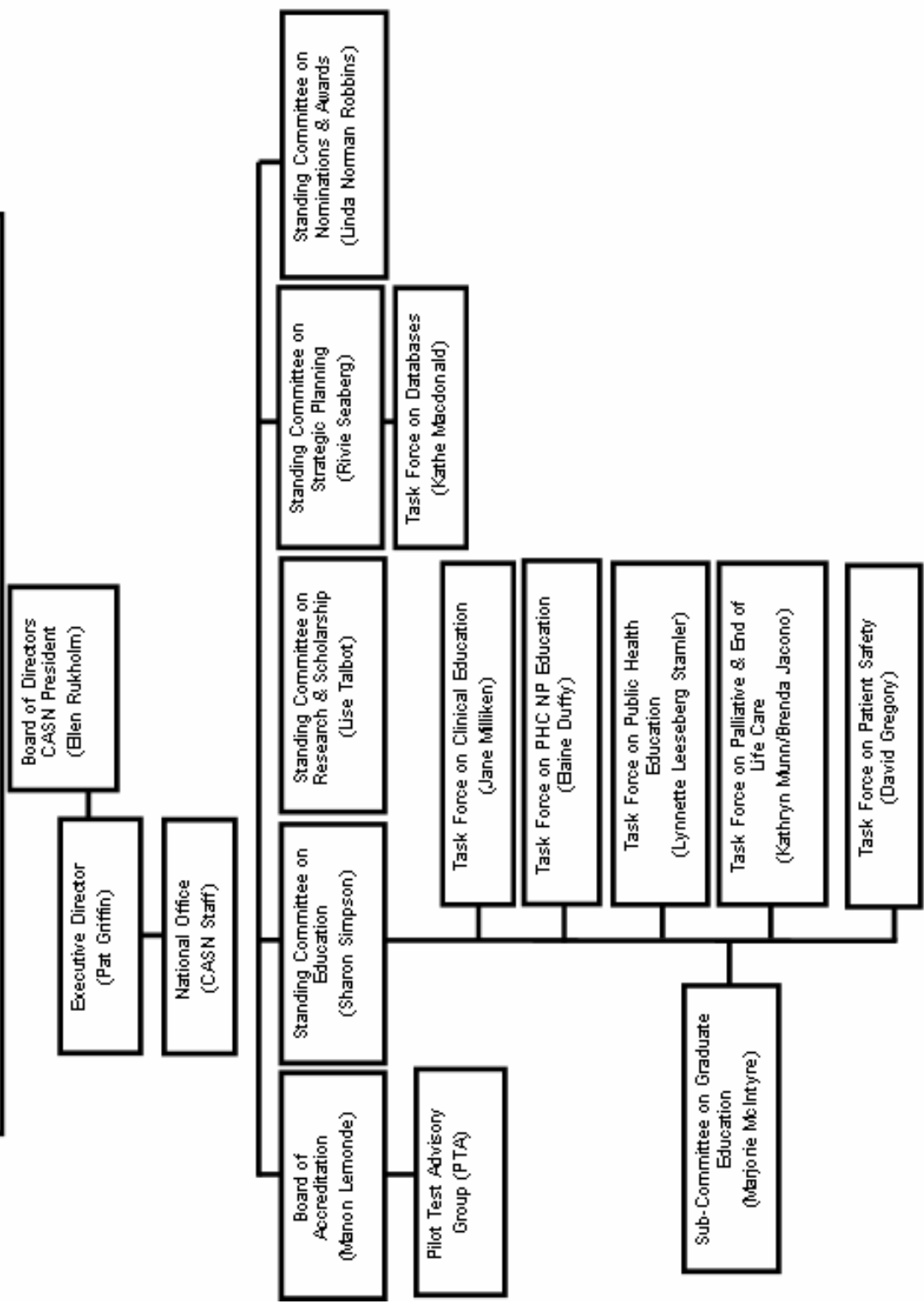
This figure translates to \$35 per Canadian, based on an estimated population of 32,193,962. These estimates are based on national figures.

We have the support of the Canadian Nurses Association in submitting this proposal. The strategies outlined here are, of course, only part of the overall solution to our nursing shortage crisis. Once we have succeeded in graduating the required number of nurses, we must ensure that strategies are in place to retain nurses in the workplace, which will require addressing the identified problem areas.

References:

1. Canadian Association of Schools of Nursing Position Statement on Baccalaureate Education and Baccalaureate Programs, (2004). Retrieved from <http://www.CASN.ca> on August 6, 2005.
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3. Canadian Nurses Association, (2002). *Planning for the Future: Nursing Human Resource Projections*
4. Advisory Committee on Health Human Resources, (2002). *Our Health, Our Future – Creating Quality Workplaces for Canadian Nurses*, Final Report of the Canadian Nursing Advisory Committee
5. Simpson, J., (2005). Sorting out priorities: The funding gap between health care and higher education. *Policy Options*, June, pg. 47-51.
6. Pringle, D. (2004). *Review of Nursing Education and Assessment of Capacity*. The Nursing Sector Study Corporation.

**Canadian Association of Schools of Nursing (CASN)
Board of Directors and Standing Committees (2005)**



2005 Standing Committees and Task Forces

Standing Committee on Education

Background: (mandate and term of office)

The mandate of this Standing Committee is to fulfill the responsibility of the CASN's mission for promoting excellence and advancing innovation in nursing education to reflect changes in the Canadian society. The Terms of Reference are:

- To develop and advance policy position statements and guidelines regarding undergraduate and graduate nursing education and the preparation and renewal of the academic nursing workforce.
- To represent the needs and vision of academic nursing in national submissions and statements.
- To anticipate and respond to national proposals relating to, or with potential to affect, nursing education.
- To advocate for funding to support nursing education.
- To hold forums and conferences for CASN's members on issues related to nurse education.
- To forward relevant issues to the Board of Accreditation as required.
- To recommend to the Board the establishment of Ad Hoc/Task Forces working parties.
- There shall be regular communications between the Chair of this Standing Committee and its respective Task Forces.
- To report to the Board of Directors annually.

Action Taken:

- Recent changes and turnover both at CASN National Office and within the membership, as well as the development of the new Strategic Plan, have lead to a delay in initiating the work of the Standing Committee.
- CASN National Office, with the help of the chairs of the Task Forces, has been keeping the Chair of the Standing Committee on Education informed of their regular activities.
- The Standing Committee reviewed the terms of reference and discussed strategies for its future activities. With the recent development and approval of the CASN Strategic Plan (2005-2008), activities within the plan related specifically to this Standing Committee have been identified.

Next Steps:

The Standing Committee on Education will be meeting in December after the CASN Council meeting. Members will begin working with the new terms of reference in light of the recently approved CASN Strategic Plan to develop the workplan with targets and activities for the next two years. Furthermore, the Standing Committee awaits word on the possibility of the formation of a new Task Force on Attrition.

Chair: Sharon Simpson, Thompson Rivers University, Kamloops, BC

Committee Members:

Sharon Simpson, Thompson Rivers University
Jacinthe Pepin, Université de Montréal (Co-Chair)
Kathy Wilson, University of New Brunswick
Leianne Vye-Rogers, University of Calgary
Kathy Wilson, University of New Brunswick
Dina Idriss, Staff Liaison
CASN President and Executive Director (Ex-officio)

Date: 1 November 2005

Task Force on Clinical / Practice Education

Background: The Task Force on Clinical/Practice Education has completed the third year of our mandate to expand and improve clinical/practice education in nursing. With the submission to the Board this month of two documents: a CASN National Position on Clinical Education and a CASN National Strategy for Clinical Education, we have completed the terms of reference set out for the task force in November, 2002.

These terms of reference follow:

- To review the status of clinical education by surveying CASN member schools & regions
- To identify issues, including barriers, to providing undergraduate and graduate clinical experiences
- To identify innovative approaches and new opportunities for clinical experiences
- To plan and organize a national forum on clinical education
- To develop a national strategy for clinical education
- To develop CASN's national position on clinical education
- To advocate for funding for clinical education

Action Taken: Following the National Forum on Clinical / Practice Education on November 16 & 17, held in Ottawa prior to last year's CASN Council Meeting, we completed the report of that meeting. The report is available on the CASN website. A face-to-face meeting of the Task Force was held at the University of Manitoba, Faculty of Nursing on June 9 & 10, 2005 to write the CASN Position Paper and the National Strategy on Clinical / Practice Nursing. After final refinements of these papers, they have been submitted for approval by the CASN Board.

Next Steps:

- Approval of the CASN Position Statement and National Strategy on Clinical / Practice Education by CASN Board and Council
- Negotiate with CNA to issue the Position Statement as a joint statement.
- Dissolve the Task Force. Alternatively, make it a standing committee of the CASN Board, reporting to the Education Committee.

Chair: Jane Milliken University of Victoria

Committee Members:

Joanne Gartner	University of Saskatchewan
Nicole Harder	University of Manitoba
Louiselle Ouellet	University of New Brunswick
Ellen MacFarlane	St. Francis Xavier University
Katherine Stevenson	Camosun College
Christine Thrasher	University of Windsor

Date: 4 November 2005

Task Force on Primary Health Care (PHC) & Nurse Practitioner (NP) Education

Background: (mandate and term of office)

To develop a CASN position statement and strategy to expand and improve PHC and NP education of nursing students; To develop a transition plan which will include level of competencies, credentials and legislation ;To collaborate and liaise with the Education stream of the Canadian Nurse Practitioner Initiative with CNA.

Action Taken:

1. Position Statement on NP and National Strategy for advancing NP Education presented & approved at the Nov. 2004 Council.
2. Two Task Force (TF) members appointed to the Education Task Force of Canadian Nurse Practitioner Initiative (CNPI) to represent CASN's NP Education Task Force.
3. Jan. 2005, TF members attended the 1st meeting of the CNPI advisory committee & task forces.
4. March 2005 the TF and CASN staff met with members of CNA and CNPI to discuss linkages and communications between CASN and CNPI.
5. April 2005, 3 TF members presented at the National Organization of Nurse Practitioner Faculty (NONPF) in Chicago, Ill. USA, on *Transforming the Future: Excellence Through Innovation*.
6. TF members have continued to participate in regular teleconference meetings with the CNPI education TF.
7. June 2005 Task Force attended the Education Workshop of CNPI and held a committee meeting during the CNPI workshop in Calgary and elected a new chair of the Task Force.
8. July 2005 Nurse Practitioner Education in Canada: Transforming the Future (PowerPoint Presentation) presented at the NONPF Conference in Chicago, Ill. Was submitted and accepted for posting on the ICN website and may be found at <http://icn-apnetwork.org/>.
9. September 2005, 1 member of TF presented on work the Canadian Association of Advanced Practice Nurses (CAAPN), Fredericton, NB, *Nurse practitioner Education, Honoring the Past, Embracing the Future*
10. October 2005 members of the Task Force attended meeting sponsored by CNPI to discuss streams of practice for NPs.
11. Work currently underway to write article on the work of the Task Force for publication.

Next Steps:

1. The TF has completed many of the original terms of reference. The implementation of the national strategy, which was accepted by the board November 2004, was put on hold to await the outcome of the CNPI Education Framework. The CNPI Educational Framework will be released in March 2006. The TF would like to recommend that new Terms of Reference be written to include the implementation of recommendations made in the CNPI Education Framework.
2. Develop a transition plan which will include level of competencies, credentials and legislation.

Chair: Esther Sangster-Gormley, University of New Brunswick

Committee Members:

Maxine Mott, Kwantlen University College
Elsie Duff, University of Manitoba
Esther Sangster-Gormley, University of New Brunswick (Chair)
Deborah Kane, University of Windsor
Joan Rowsell, Centre for Nursing Studies
Joyce Bruce, SIAST
Marjorie MacDonald, University of Victoria
Mary MacDonald, University of Saskatchewan
Shona Johansen, Thompson Rivers University
Suzanne Doucette, University of Ottawa
Elaine Duffy, University of Windsor, Board Liaison
Dina Idriss, Staff Liaison
Chair, Standing Committee on Education (Ex-officio), Sharon Simpson

Date: 1 November 2005

Task Forces on Public Health Education

Background: (mandate and term of office)

The Task Force on Public Health Education was created in the fall of 2004 to develop a position and plan to enhance public health undergraduate nursing education in Canada. The term of office for this Task Force is two years. Because of the mandate of the Task Force, and in a departure from previous task forces, the membership of this Task Force was expanded to include representatives from stakeholders in addition to CASN members. As well, the Public Health Agency of Canada (PHAC), as part of its mandate in terms of health human resources and education, has partnered with and supported the CASN Task Force. By decision of the CASN Board of Directors, PHAC representatives are privy to Task Force meetings, but do not have voting power.

Action Taken:

Supported by PHAC, the Task Force was able to meet in November 2004 in a face-to-face meeting. An action plan was begun. One of the first tasks was the development of a survey instrument to survey Canadian Schools of Nursing relative to the community health content in their undergraduate programs. A sub-committee met and drafted the survey, which was reviewed and approved by the Task Force membership. The survey used innovative on-line technology, resulting in increased accuracy of data entry and analysis. An invitation to complete the survey was distributed to the Deans and Directors of all the member schools in May, 2005. To date, approximately 60% response rate has been realized. Preliminary results are being/have been presented at various professional meetings (CPHA, OPHA, Nurse Educators) and feedback solicited. A proposal has been written to PHAC to support a symposium of CASN members and stakeholders in January, 2006.

Next Steps:

The symposium is planned for January, 2006. Invitations have been sent to Deans and Directors to solicit their nominations of CASN school representatives. Attendees at the symposium will also be meeting with the fledgling Public Health Managers' Group, the Public Health Inspectors Educators' Group, and the Public Health Inspectors Managers' Group. Following the meeting, the Task Force will be meeting to draft the recommendations to the CASN Board of Directors. A draft final report is expected by March 31, 2006.

Chair: Lynnette Leeseberg Stamler, University of Saskatchewan

Committee Members:

Margaret Antolovich, Public Health Nurses Leaders Council of British Columbia
Benita Cohen, University of Manitoba
Susan Froude, Nursing for Public Health Services for Grenfell Regional Health
Pat Gibson, Selkirk College
Omaima Mansi, McGill University
Health Pattullo, Canadian Public Health Association
Christina Rajsic, University of Toronto
Pat Seaman, University of New Brunswick
Ruta Valaitis, McMaster University
Jo Ann Tober, ANDSOOHA
Carla Troy, PHAC
Jane Underwood, PHAC
Donna Meagher-Stewart, Community Health Nurses Association of Canada
Dina Idriss, CASN Staff Liaison

Date: 1 November 2005

Task Force on Palliative and End-of-Life Care

Background:

Mandate - To provide a forum for nurse educator input, and recommendations to the CASN Board of Directors for the development of inter-professional collaborative educational program guidelines for preparation of future health professionals in caring for and supporting clients and their families in need of palliative and end-of-life care.

Action Taken:

- The Task Force had their first official Teleconference on September 23rd, 2005.
- Brenda Jacono volunteered to serve as Chair.
- The Task Force conducted a preliminary review of the Terms of Reference with some minor changes.
- Members decided that external representatives from the Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Nurses Association (CNA) would be an asset to the Task Force, pending acceptance of invitation and decision by representatives from the associations.
- Members agreed that a review of the literature would assist in moving the Task Force forward in developing a workplan.
- As a guideline, the members have begun collecting literature and resources based upon the six competencies developed through the National Strategy for Palliative and End-of-Life Care: address & manage pain and symptoms; address psychosocial & spiritual needs; address end of life decision-making and planning; attend to suffering; communicate effectively; collaborate as a member of an interdisciplinary team.
- A preliminary literature review has been developed and will be discussed in detail during upcoming meetings.

Next Steps:

- Next teleconference meeting, November 10th, 2005.
- The Task Force members will build upon work that has already been done by following the outlined framework of competencies. Once an initial overview of the literature has been examined, it will allow the members to identify gaps, critique what exists and begin the strategy for a workplan.

Chair: Brenda Jacono, Cape Breton University

Committee Members:

Cathy Foster, University of Manitoba
Heather Jewers, Guysborough Antigonish-Strait Health Authority
Mitzi Grace Mitchel, York University
Holly Richardson, Dalhousie University
Beryl Cable-Williams, Fleming College
Lynne Young, University of Victoria
Brenda Jacono, Board Liaison
Kathryn Munn, Board Liaison
Dina Idriss, Staff Liaison
Chair, Standing Committee on Education (Ex-officio)

Date: 1 November 2005

Task Force on Patient Safety Education

Background: (mandate and term of office)

The Task Force on Patient Safety (TFPS) is finalizing its mandate

Action Taken:

- The Task Force on Patient Safety (TFPS) met via teleconference on September 12, 2005.
- At this meeting, Dr. David Gregory (Board Liaison) was elected to serve as Chair.
- The TFPS conducted a preliminary review of the Terms of Reference (TOF), but agreed that a review of the literature would assist in finalizing the TOF.
- With the support of Central Office, Dr. Gregory developed a compendium of resources regarding patient safety (national and international websites, reports, and recent publications).
- A 35-page annotated bibliography, developed by Dr. Gregory, was circulated to the members of the TF.

Next Steps:

- Next teleconference meeting, November 9, 2005.
- The bibliography will be critically synthesized by David Gregory, Deborah Tregunno, Jan Storch, Cecile Michaud, and Pat Griffin. This synthesis will be shared with the TFPS and will guide the refinement of the TOF accordingly.

Chair: David Gregory, Faculty of Nursing, University of Manitoba

Committee Members:

Janet Storch, University of Victoria
Lorna Weisbrod, SIAST
Deborah Tregunno, York University
Donna Rawlin, Mohawk College
Mélanie Lavoie-Tremblay, McGill University
Cecil Michaud, University of Sherbrooke
Dina Idriss, Staff Liaison
Michelle Chisholm, St. Francis Xavier
University
Brenda Tobin, Center for Nursing Studies
David Gregory, University of Manitoba,
Board Liaison (Chair)
Sharon Simpson, Standing Committee on
Education (Ex-officio)

Date: 1 November 2005

Standing Committee on Research and Scholarship

Background: (mandate and term of office)

The mandate of this Standing Committee is to fulfill the responsibility of CASN's mission for the advancement of nursing knowledge and development of nursing research capacity. The Terms of Reference are:

- To develop policy, position statements and guidelines on issues related to research and scholarship including the conduct of nursing research, the adherence to ethical principles, the dissemination of nursing knowledge and the training of nurse researchers.
- To develop and implement a national nursing research strategy.
- To respond to external requests for representation and for input into national submissions and statements.
- To prepare CASN's response to national proposals relating to knowledge generation and knowledge transfer.
- To advocate for funding to support nursing education and health research and the training of nurse researchers.
- To hold forums/conferences for members on issues related to research and scholarship.
- To develop and implement a national nursing research strategy in collaboration with the Canadian Consortium on Research Innovation.
- To build nursing research capacity and heighten the profile of nursing research.
- To recommend to the Board of Directors the establishment of Ad Hoc/Task Forces working parties.
- There shall be regular communications between the Chair of the Standing Committee and its respective Task Forces.
- To report to the Board of Directors annually.

Action Taken:

- Recent changes and turnover at CASN National Office, as well as the development of the new Strategic Plan, lead to a delay in initiating the work of this Standing Committee.
- The recent development and approval of the CASN Strategic Plan (2005-2008), the Memorandum of Understanding to Establish the Canadian Consortium for Nursing Research and Innovation, and the CASN Research and Scholarship Committee Strategic Plan have created a new and exciting forum for the Standing Committee to proceed. The Standing Committee is continuing to work on identifying activities across all three areas related specifically to this Standing Committee's mandate and terms of reference.
- In the last teleconference, the Standing Committee reviewed the terms of reference, made a few additions and discussed preliminary strategies for its future activities.
- The Standing Committee worked on the agenda for the upcoming Nursing Research and Scholarship Concurrent Session to take place at the CASN Council Meeting.

Next Steps:

The Standing Committee on Research and Scholarship will be in meeting in December after the CASN Council meeting to begin working with the new terms of reference in light of the recently approved CASN Strategic Plan.

Chair: Lise Talbot, Université de Sherbrooke

Committee Members:

Lise Talbot, Université de Sherbrooke

Cheryl Gibson, University of New Brunswick, (Co-Chair)

Linda Ferguson, University of Saskatchewan

Diane Morin, Université Laval

Aroha Page, Nipissing University

Dina Idriss, Staff Liaison

CASN President and Executive Director (Ex-officio)

Date: 1 November 2005

Standing Committee on Strategic Planning

Background:

The Committee is responsible for ensuring CASN is appropriately positioned and prepared to fulfill its mandate, mission and objectives. It does so by undertaking regular environmental scans relevant to the Association's mission and identifying possible policy and political scenarios that have the potential to affect the Association and the achievement of Association goals.

Action Taken:

The Committee completed work commenced in the previous year, namely the development of the Association's Strategic Plan.

Based on environmental scans, key informant interviews and member consultations, the Strategic Plan lays forth a suggested course of action for CASN for the next two to five years. The Plan includes resources required to implement the Plan's components.

The Plan is consistent with and incorporates the work being done by the Association's Standing Committees and Task Groups and focuses on the development of sustained partnerships that will assist the Association to claim the position of the National voice for Nursing Education.

Next Steps:

The Strategic Plan will be presented at November's Council Meeting, for information.

Chair: Rivie Seaberg, George Brown College

Committee Members:

Clémence Dallaire, Université Laval
Marlene Smadu, University of Saskatchewan
Kathe Macdonald, York University
Cathy Stratton, Western Regional School of Nursing
Patricia Griffin, Executive Director, CASN
Jo-Anne Swanson, Staff Liaison

Date: 1 November 2005

Task Force on Databases - (awaiting status change to Standing Committee)

Background:

The Task Force on Databases purpose is to guide acquisition of data to support the following components of CASN's mission: (i) to promote the advancement of nursing knowledge, (ii) to contribute to public policy (iii) to provide a national forum for issues in nursing education and research. The terms of reference are:

- To provide advice on the collection of information and development of data retrieval systems that provide data sets necessary to present a nation-wide, consistent perspective relative to nursing education and research.
- To develop a set of policies to guide the access and dissemination of CASN-database content with members of the nursing community, government agencies, researchers, media, public, etc.
- To assist in raising the profile of CASN database collections among CASN members and with potential partners.
- To participate in a cost/benefit review of ad hoc collection requests and develop a business plan.
- To determine and recommend to the Board, annual and ad hoc data collections.
- To provide advice, as required, on CASN's response to national proposals relating to, or with potential to affect, nursing education and nursing research.

Action Taken:

- The Task Force has continued to support CASN National Office with regards to support on issues related to data collection.
- Access and Fee Structures for CASN Reports information is complete and posted on the CASN website.
- Review of Student – Faculty 2003-2004 Data Reports and feedback provided to CASN.
- Reviewed and added data elements to CASN's Nursing Education Database.
- On-going discussions regarding potential opportunities for funding from several sources and preparing proposals to secure funding to enhance both the Research and Education Databases.
- Participated in the CNPI-HHR NP Education Data Workshop
- Participated and presented a poster on the Nursing Research Database at the 1st National Nursing Informatics Conference hosted by the Canadian Nursing Informatics Association.
- Participated in the Data Users' Conference 2004 (Quality Health Care, Quality Information) hosted by the Canadian Institute for Health Information.
- Reviewed Statistics Canada Project to Collect Data on the Education of Health Professionals
- Reviewed the Survey from the CASN Task Force on Public Health Education
- Responded to any requests related to data collection and/or access from external organizations.
- The Task Force has proposed a change of Status from a Task Force on Databases to becoming a Standing Committee. At the April 2005 Board of Directors meeting, the change was approved with the following Conditions: that the Standing Committee review their mandate, include the requirements to report to the Board of Directors annually and potentially include in the Terms of Reference the following two actions:
 - To support the work of CASN's Standing Committees and Task Forces, and
 - To contribute to the work of the Canadian Consortium for Nursing Research and Innovation.

Next Steps:

- Awaiting approval on change of status by Council members at the November 2005 Council Meeting.
- Will continue providing feedback on reports and/or surveys targeted to nursing education/research.
- Will support the proposed Task Force on Student Attrition by considering appropriate data elements required to track attrition and the cost of educating a nursing student.

Chair: Kathleen Macdonald, York University

Committee Members:

Kathe Macdonald, York University
Joan Sawatzky, University of Saskatchewan
Karen Wall, Red River College
Margaret England, University of Windsor
Mary Ellen Purkis, University of Victoria
Mary Reidy, Université de Montréal
Nancy Logue, University of New Brunswick
Dina Idriss, Staff Liaison
CASN President and Executive Director (Ex-officio)

Date: 1 November 2005

Standing Committee on Awards and Nominations

Background: (mandate and term of office)

The mandate of this Standing Committee is to issue the call for nominations, prepare the nomination for election, report to Council on the results of the election process, to initiate nominations for national and international awards and present recommendations to the Board of Directors, and to report to the Board of Directors annually.

Action Taken:

On behalf of the Committee, staff sent out the call for nominations and compiled these. The Committee members consulted and informed members of their respective regions, about the process, and recruited members to run for office. The Committee held a teleconference to review the nominations received, and to prepare the slate of candidates in conformity with CASN Bylaws.

Next Steps:

Elections will be held on Wednesday, 23 November 2005. The Slate of Nominations is included in participants' Council kit, as well as information about each nominee running for office.

The Chief Electoral Officer and three scrutineers will run the Elections.

Chair: Linda Norman-Robbins, ARCASN Representative

Committee Members:

Édith Côté, QRCASN Representative
Kileen Tucker Scott, COUPN Representative
Brenda Patton, WRCASN Representative

Céline Goulet, Chief Electoral Officer
Jo-Anne Swanson, Staff Liaison

Date: 1 November 2005

Board of Accreditation

Background

The Canadian Association of School of Nursing's Board of Accreditation was created in 1987 to be responsible for managing CASN's Accreditation Program. As a standing committee, it functions within CASN's policies and guidelines and is the decision-making body regarding CASN's accreditation status and terms. The board reports to the Council of CASN's member schools.

The board evaluates baccalaureate programs and makes decisions based on a comprehensive review of the School self-study, the review team report and the school response, as well as teleconference interviews with the review team leader and School of Nursing representatives who have full knowledge of the School's nursing education program. The Board of Accreditation's decision is confirmed by a quorum of a simple majority. Board members serve and vote as individuals and not as representatives of their home institution, reporting twice a year to CASN's Board of Directors.

The board has ten members:

- four members with full-time faculty positions in CASN member organizations, elected by the council of CASN's member schools;
- one representative of a service agency nominated by the Canadian Nurses Association;
- one academic representative nominated by the Association of Universities and Colleges of Canada;
- one community representative appointed by CASN's executive committee;
- one consumer (student/graduate) representative, nominated by one or more CASN member schools, and appointed by CASN executive committee; and
- one non-voting regulatory body representative appointed by CASN's executive committee;
- CASN's executive director as a non-voting member, who acts as secretary to the board of accreditation; staff support is provided by the director of accreditation.

The board's chair is elected each year by the board members who hold full-time faculty appointments with a CASN member school. Nurse faculty members must be involved in baccalaureate or graduate programs in nursing, have a minimum education of a master's degree in nursing or equivalent degree, and five years' teaching experience in a baccalaureate or graduate program in nursing. At least three members of the board need to be able to read documents in both French and English, and appointed members should have experience or knowledge of standards and quality improvement. Participants in CASN's council of member schools can't be appointed to the board of accreditation, and board members can't be a consultant to nursing programs which are developing their baccalaureate programs in nursing, or which are preparing for accreditation or candidacy review. The term of office is three years. A member of the board can be re-appointed or stand for election for a second term.

Action Taken

The Board of Accreditation held two face to face meetings, November 2004 and April 2005, and three two hour teleconferences in March, July and October 2005.

In Fall 2004, candidacy review decisions were made for the following applications:

- 1) The University of Ottawa, Algonquin College and la Cité collégiale Collaborative Baccalaureate in Nursing Program;
- 2) Lakehead University four-year basic Baccalaureate Program and three-year Compressed Program
- 3) University of Ontario Institute of Technology and Durham College Collaborative Baccalaureate Nursing Program
- 4) l'Université Laurentienne programme de baccalauréat en sciences infirmières

In March 2005, the Board of Accreditation reviewed Fall 2005/Winter 2006 accreditation review applications for twelve Schools and twelve nursing education programs. Ten of these Schools and eleven programs will participate in the Pilot Testing of the new 2005 CASN Accreditation Program. Throughout 2005, the Board of Accreditation with the assistance of the Pilot Test Advisory Group provided regular consultation to the Director of Accreditation regarding Pilot Test School questions: as a result, A

Frequently Asked Questions document has been prepared. In November 2005, the Board of Accreditation will participate in the Pilot Test Reviewer Orientation.

In April 2005, the Board of Accreditation held a three day retreat to identify and discuss improvements to CASN Accreditation Program process. A CASN Board of Director member also attended. Following the retreat, on behalf of the Board of Accreditation National Office surveyed members of the Association of Accrediting Agencies of Canada to identify current policy and practice for professional education bodies, regarding such things as accountability, appeals, fees and benchmarking, in order to recommend improvements for consideration by the CASN Board of Directors. An action plan was developed which will be presented to the CASN Board of Directors in November 2005.

In October 2005, the Board of Accreditation reviewed results of School (6/23) and Reviewer (10/23) evaluations of the accreditation program conducted by National Office. Comments from Schools of Nursing indicated satisfaction with National Office support and with the assigned Review Team; Reviewers and Schools indicated that participation in the program was of value and beneficial, with all responding Schools indicating that they had used the accreditation report to make changes to their programs.

The Board of Directors welcomed two new members: Cathy Walls was nominated as the new service/practice representative by the Canadian Nurses Association; and Floyd Spracklin was appointed as the new community representative by the CASN Executive Committee.

Three elected faculty members and the appointed AUCC representative will finish their terms of office at the end of December 2005. Two of the faculty members will stand for election for a second term.

A November 2005 meeting will occur during the CASN Council week to discuss scheduled reviews, requests for extension of accreditation and approximately thirteen nursing education program applications for Fall 2006 and Winter 2007.

Chair

Manon Lemonde (chair and faculty representative), University of Ontario Institute of Technology

Committee Members

- Madeleine Buck (faculty representative) McGill University
- Ann Fisk (faculty representative) Red Deer College
- Anna Temple (faculty representative) University of Windsor
- Cathy Walls (CNA, service agency representative) IWK Health Centre, Halifax, NS
- Kathie Conlin-Saindon (regulatory representative) College of Nurses of Ontario
- Liz Taylor (AUCC, academic representative) University of Alberta
- Floyd Spracklin (community representative) Corner Brook, NL
- Laurie Barkun (graduate representative)
- Pat Griffin (secretary)